



#### NORTH CAROLINA GENERAL ASSEMBLY

### February 8, 1989

The Honorable James C. Gardner Lieutenant Governor of North Carolina Legislative Building Raleigh, N. C. 27611

The Honorable Josephus L. Mavretic Speaker of the House of Representatives Legislative Building Raleigh, N. C. 27611 The Honorable Henson Barnes President Pro-Tempore of the House of Representatives Legislative Building Raleigh, N. C. 27611

The Honorable Donald Beard Speaker Pro-Tempore of the House of Representatives Legislative Building Raleigh, N. C. 27611

#### Gentlemen:

Attached is the final report of the Legislative Study Commission on Nursing, created by Chapter 1049 (HB 2461) of the 1987 Session Laws. The Commission has worked long and hard in an effort to meet the requirements imposed by this legislation.

We are submitting the report ahead of schedule in an attempt to provide timely information and recommendations to the 1989 General Assembly. The recommendations are far-reaching and, if enacted, would represent a major step on the part of the State of North Carolina toward meeting the challenge of providing excellent nursing care for the balance of this century and beyond.

We commend this report to you, and we hope it receives full consideration by the General Assembly. There is an executive summary containing the recommendations, but we hope you can review the report in its entirety so you understand the extend of the problem and the thinking behind the proposed recommendations. We and other members of the Commission stand ready to provide any further information or assistance as the General Assembly addresses this issue.

Thank you for your attention to this urgent and most important report affecting the nursing profession and the quality of health care in North Carolina.

Sincerely,

Rep. Martin Nesbitt Co-Chairman

Legislative Study Commission

on Nursing

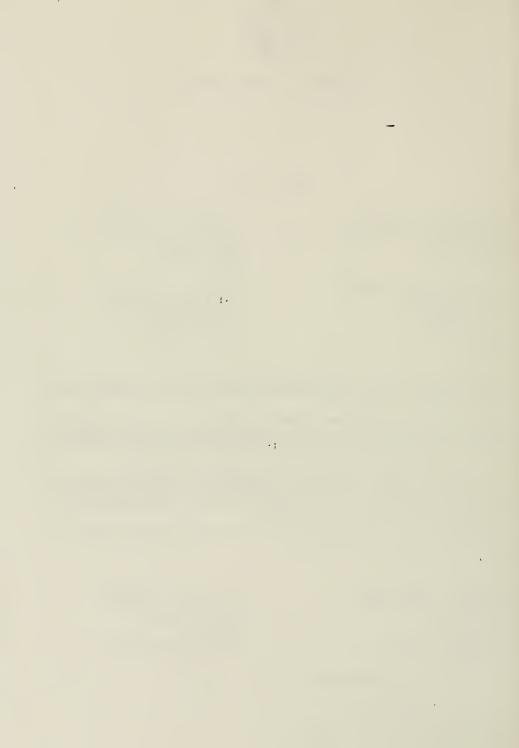
cc: Members of the 1989 General Assembly

Senator Marvin Ward,

Co-Chairman

Legislative Study Commission

on Nursing



# Appreciation

The Commission would like to gratefully acknowledge the assistance and participation of representatives of the following groups:

North Carolina Nurses Association

North Carolina Board of Nursing

North Carolina Hospital Association

North Carolina Health Care Facilities Association

North Carolina Association for Home Care

Department of Community Colleges and Community College Schools of Nursing

University of North Carolina and UNC Schools of Nursing

North Carolina Association of Independent Colleges and Universities and Private Schools of Nursing

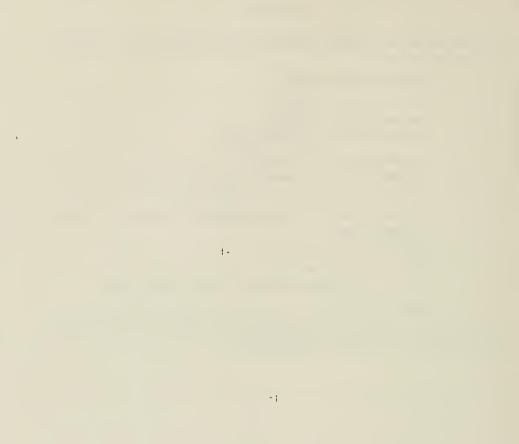
Area Health Education Centers

North Carolina Public School Forum

Center for the Advancement of Teaching at Western Carolina University

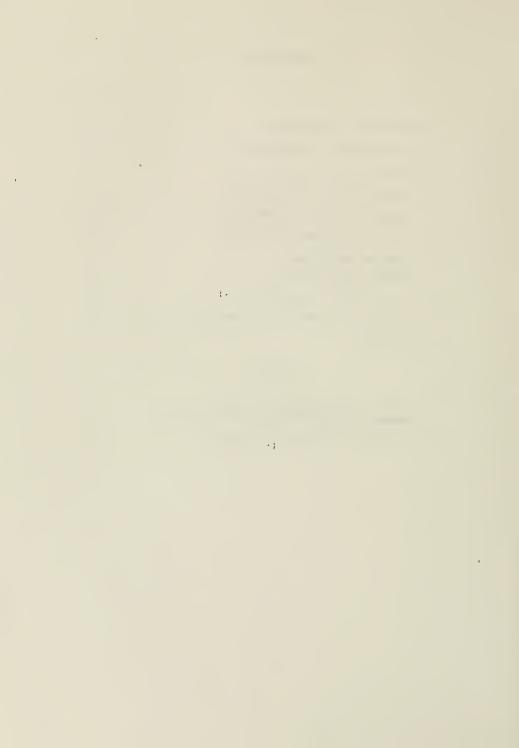
Office of State Personnel

As well as numerous other individuals who volunteered their time and effort to provide information, insight and guidance to the Commission in its deliberations.



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# Legislative Study Commission on Nursing Membership

Senator Marvin Ward, Senate Co-Chairman Winston-Salem, N.C.

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Senator Wanda H. Hunt Pinehurst, N.C.

Senator William N. Martin Greensboro, N.C.

Senator Kenneth C. Royall, Jr. Durham, N.C.

Ms. Judy Seamon Morehead City, N.C.

Mr. Travis Tomlinson, Jr. Raleigh, N.C.

Representative Martin L. Nesbitt, House Co-Chairman Asheville, N.C.

Mr. Sam Beam Cherryville, N.C.

Representative Ed Bowen Harrells, N.C.

Mr. Robert F. Burgin Asheville, N.C.

Representative Jack Hunt Lattimore, N.C.

Ms. Patricia Smathers Canton, N.C.

Representative Barney P. Woodard Princeton, N.C.

# Subcommittees

1 -

# Education

Rep. Hunt, Chairman Sen. Martin

Ms. Smathers
Recruitment

Mr. Tomlinson, Chairman

Rep. Bowen Sen. Hunt Retention

Ms. Seamon, Chairman

Mr. Beam

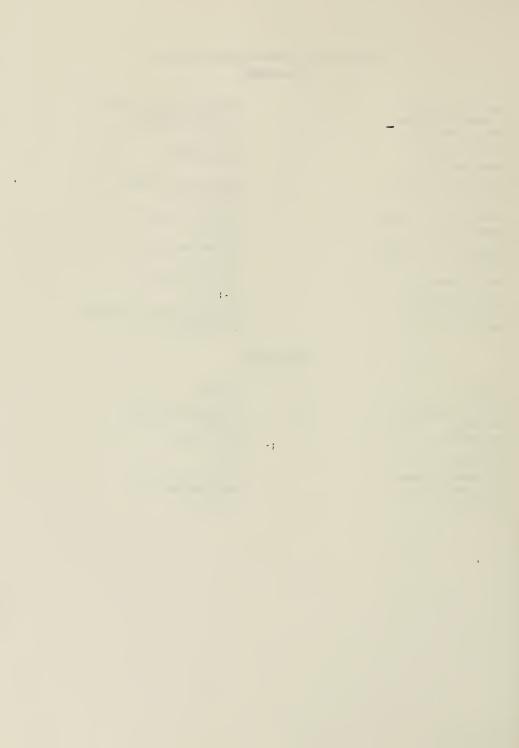
Rep. Woodard

Salary

Mr. Burgin, Chairman

Ms. Armstrong

Sen. Royall



# EXECUTIVE SUMMARY: RECOMMENDATIONS ON EDUCATION

# I. Nursing School Enrollments

- A. The State should fund grants to Schools of Nursing to expand both the number and the diversity of clinical sites.
- B. UNC Schools of Nursing should consider targated recruitment efforts aimed at non-nursing community college students and at non-traditional students.

### II. Educational Mobility for Nurses

## A. Course Credits

- The Department of Community Colleges and the baccalaureate schools of nursing should be encouraged to continue their efforts to improve the transferability of course credits taken for the Associate Degree in Nursing to baccalaureate programs.
- The hospital-based diploma schools of nursing should work with the ADN and BSN programs in their service areas to structure diploma-school course offerings so that these courses meet the criteria for academic credit at the ADN and BSN institutions.
- B. The Department of Community Colleges should expand its efforts where possible to offer A.D.N. programs on employment sites (hospitals) for Licensed Practical Nurses.
- Baccalaureate Schools of Nursing should examine efforts made on various campuses such as UNC-Charlotte to provide on-campus BSN programs structured for working RN's.
- D. The AHEC off-campus programs for B.S.N. and M.S.N. degrees should be continued and expanded.
- \* Funds for items 1B (Targeted Recruitment), IIC (Programs for working RN's) and IID (Expand AHEC off-campus programs) should be provided to AHEC in the amounts of \$240,000 in 1989-90 and \$400,000 for 1990-91.

#### III. Scholarships

The Commission recommends a multi-level scholarship program:

#### A. A merit scholarship program of

- 1. 100 \$5,000 scholarship loans per year for 4-years of baccalaureate BSN study.
- 300 \$3,000 scholarship loans per year for 2-years of Associate Degree Nursing diploma school nursing.
- 25 \$3,000 scholarship loans per year for 2-years of BSN study for the Junior and Senior years.
- 4. 50 \$2,500 scholarship loans per year for 2- years of BSN study for RN's.

#### B. Need-based Scholarships

The State should create a need-based scholarship fund or nursing students funded at \$1 million per year.

# EXECUTIVE SUMMARY: RECOMMENDATIONS ON RECRUITMENT

# I. Geographical and Speciality Shortages

## A. Rural, Long-Term Care, Critical Care

- The State should encourage the use of varied clinical training sites for nursing students. Additional funds of \$100,000 should be provided to nursing schools as needed to cover additional costs.
- 2. Baccalaureate Schools of Nursing should attempt to locate summer externships for students in rural and other shortage areas.
- AHEC should provide information and training to hospitals and other employers on programs that help retain new graduates.

# B. Certified Registered Nurse Anesthetist (CRNA)

East Carolina University should explore the need and feasibility of establishing a MSN/CRNA program in eastern North Carolina.

#### II. Increase Public School Contact

### A. Health Occupations

- The Department of Public Instruction should develop a second, more rigorous academic health occupations track for students planning to go on to college.
- The Department of Public Instruction and UNC should work collaboratively to see if current health occupations courses can be altered to meet the criteria for acceptance under minimum entrance requirements.
- The Department of Public Instruction and AHEC should jointly plan summer programs in health careers for rising ninth, tenth, and eleventh graders.

#### B. Resources

- AHEC should provide informative materials and training in health careers (including nursing) for middle-school career exploration teachers.
- High school guidance counselors should receive health occupation marketing materials and information.

## III. Community Colleges and UNC Resources

- A. Per student funding for nursing programs in community colleges should be increased. The UNC Board of Governors should insure that adequate resources are available for expansion of nursing programs.
- B. Salaries of community college and UNC nursing instructors must be increased to compete in the current market and to attract additional instructors to meet program expansion needs.

# IV. Marketing

- A. A comprehensive, generic professional media campaign on nursing as a profession should be developed and funded over two years at \$100,000 per year.
- B. Funding of \$75,000 in grants for innovative recruitment programs by nursing schools would encourage UNC and the Community Colleges to develop new ideas to attract various groups of students.

- C. AHEC should receive \$125,000 to expand its pilot recruitment programs, such as:
  - 1. Speakers bureau
  - 2. Self-study refresher courses
  - 3. Study of career choices among high school students
  - 4. Nursing schools work with regional AHEC's to develop recruitment materials.
- D. Efforts to attract non-traditional students
  - The Department of Community Colleges and the UNC Board of Governors shall direct their schools of nursing to review their curriculum structure and schedules to insure flexibility and accessibility for non-traditional students.
  - More frequent and more widespread refresher courses should be made available. Schools should be given incentives to provide refresher courses for relicensing.

# EXECUTIVE SUMMARY: RECOMMENDATIONS ON RETENTION

# I. Image of Nursing

The Commission should fund a coordinated media effort to enhance the image of nursing. Funding for this effort is proposed under the Recruitment section of this report.

#### II. Retention Efforts is the Work Environment

- A. The State should provide funding Of \$75,000 for competitive grants to employers for innovative pilot efforts to retain nurses in patient care.
- B. The Committee recommends funding of \$225,000 (89-90) and \$335,000 (90-91) for six AHEC Retention Pilot Projects.
  - 1. Education efforts on nursing recruitment and retention.
  - 2. Assist in implementation of pilot professional practice models.
  - Mini-fellowships for two hospital nursing managers to visit site(s) of new nursing practice model(s).
  - Initiatives in nursing management and leadership, and certification review courses.
  - Summer internships for senior nursing students to reduce "reality shock" and master clinical skills.
  - 6. Continue research on retention mandated by HB 2461.
- C. The State of North Carolina should be a model employer. State institutions employing nurses should be included in the AHEC efforts, and the institutions should experiment with retention efforts.

# III. Retention Incentives and Nursing Focus

- A. The General Assembly should provide \$75,000 for planning for a Center for Excellence in Nursing. The planning group for the Center for Excellence in Nursing should consider the need for a focal point for the State's efforts for the nursing profession.
- B. AHEC should be contracted to run two pilot institute programs in 1989-90 for nurses involved in direct patient care. Funding of \$100,000 should be provided.

## IV. Nursing Pools

A. Draft legislation should be prepared to provide some minimal level of monitoring of agencies, employers or others who provide nursing staff to others. Legislation should only be concerned with insuring the quality of patient care. Such legislation would not affect individuals who only engage in providing their own services.

# EXECUTIVE SUMMARY: RECOMMENDATIONS ON SALARY

#### I. Base Pay

Base pay will have to move upward based on market demands, and employers of nurses will have to allocate more budget for nursing pay.

- A. A: part of professional practice models, salary versus hourly wages should be considered
  - Stimulation of experiments in salary programs within professional practice models should be a priority of the Legislature through demonstration grants of \$50,000 per year for 3 years.
  - The State should provide flexibility to its institutions to experiment with professional practice models.
- B. The range in base pay must be expanded from the 25-30 percent now prevalent to at least 75-85 percent which allows personnel a hope for the future.
  - 1. The State should review its clinical ladders for State-employed nurses.
  - 2. Some state entity needs; to monitor nursing salaries over time.
  - Employers of nurses must address the wage compression issue, and not merely raise entry-level salaries.

#### C. Public Health Nurses

The counties must be encouraged to keep pay for public health nurses competitive with salary levels of other nurse employers.

# II. Fringe Benefits

- A. Greater flexibility and choice in fringe benefits are needed.
- B. More emphasis needs to be placed on strategic fringe benefits like child care, paid time off, insurance and retirement.
- Employer groups should explore joint study of annuities or other retirement planning options.
- D. The State should consider flexible fringe benefit options for its nurse employees.
- E. The State should fund demonstration grants of \$30,000 per year for employers to plan and try innovative approaches to scheduling child care and flexibility in fringe benefit plans.

# III. Premium and Incentive Pay

#### A. Premium Pay

Premium pay ties strongly with flexible scheduling, and employers must be flexible in structuring pay plans to achieve personnel commitment to evening, night, and weekend shifts.

#### B. Incentive Pay

Incentives for added compensation must be tied to improvements in productivity and general cost savings.

#### IV. Productivity

Employers and nurses must explore ways to increase productivity of nursing time.

- A. AHEC should provide training and consultation on methods to achieve the proper mix of nursing staff and support staff.
- B. A balance of nursing professionals must be achieved. A Registered Nurse's time is too valuable to perform tasks that can be accomplished by others.
- C. The State should provide demonstration grants of \$100,000 to health care institutions as seed money for improving nursing support services, including computerization efforts.
- D. Institutional and nursing management must demonstrate support for excellent nursing care and commitment to supply the resources necessary to provide excellent care.

  AHEC should develop programs for institutional managers and directors to further educate them on nursing needs and roles.

### V. Continuing Education

A. Employers, including the State, should make every effort to provide nurse employees with educational opportunity. Tuition payments and continuing education course fees should be an important part of nursing employment packages. The State should change its Medicaid rates to reimburse hospitals and nursing homes for tuition expenses for health employees at amounts above the current Medicaid rates.

# VI. Career

The State should encourage integration of cilinical ladders with educational advancement and salary levels with incentive planning funds of \$50,000.

# THE NURSING SHORTAGE IN NORTH CAROLINA

The State of North Carolina and this nation are facing a shortage of nurses which could lead to major problems in health care unless steps are taken to alleviate the situation.

This shortage is caused by a number of circumstances.

- Because of federal medical program reimbursements, patients in our hospitals and long-term care facilities are more acutely ill and require more and higher levels of nursing care.
- Hospitals still employ two-thirds of all nurses and are hiring more, while other out-patient health care services, including home care, are increasing the demand for nurses.
- Enrollment in nursing schools is declining. In North Carolina, enrollment in nursing programs for registered nurses has declined 22% from 1983 to 1987. Enrollment in programs for practical nurses has declined 45% over the same time period.
- The reasons for this enrollment decline are multiple, and include societal changes such as increasing career options for women, as well as concerns about pay and stressful working conditions in nursing.
- The number of people taking the registered nurse licensing exam has dropped 31% over the period 1984-1988, but the number of failures has remained relatively constant. This indicates that the overall quality of students in nursing programs has declined.

In short, there is an increasing demand for nurses with declining enrollment in nursing education. What can be done to prevent the crisis?

In April, 1988 Lieutenant Governor Bob Jordan and House Speaker Liston Ramsey appointed a Subcommittee on Nursing of the Joint Legislative Commission or Governmental Operations. The Subcommittee was charged with studying the problem and proposing legislation that could be taken up in the 1988 Short Session on the budget.

The Subcommittee recommended and the General Assembly passed a series of measures to shore up nursing in the short term, and to further study the issue and make recommendations to the 1989 Session. The following measures were enacted by the General Assembly.

- 1. \$3.5 million was appropriated to increase the salaries of nurses employed by the State. This provided a one-step salary upgrade for nurses, which led to a 1988-89 salary increase of 9-10%, when combined with the 4.5% legislative salary increase. The funds also were used for higher shift premium pay for nurses, including licensed practical nurses, if and when higher shift premium rates are approved by the State Personnel Commission. Remaining funds could be used for special salary plans for nurses and for salary adjustments to reward merit and to address internal inequities.
- 2. The General Assembly directed the State Education Assistance Authority to consolidate information on all financial assistance available to nursing students and to provide that information to schools across the state.
- 3. The General Assembly appropriated \$550,000 as an Emergency Assistance Fund for nursing students in the community colleges and the University of North Carolina system to prevent unforeseen financial problems from causing students to drop out of nursing programs.
- 4. The community colleges and UNC campuses with nursing programs were directed to provide follow-up assistance to their students who failed the licensing exam on the first attempt. These schools also will survey students who drop out of nursing programs to determine their reasons for leaving.
- 5. The Area Health Education Centers were directed to study nurses leaving their jobs and identify positive retention factors for nurses.

- 6. The Board of Nursing and Area Health Education Centers were directed to provide information on current salary levels, the availability of refresher courses, and license renewal requirements to the more than 10,000 people listed in North Carolina who have inactive R.N. licenses.
- 7. The General Assembly created the Legislative Study Commission on Nursing, chaired by Senator Marvin Ward and Representative Martin Nesbitt, to study the issues and to propose longer-term solutions to the 1989 Session of the General Assembly.

This Commission began meeting in September, 1988 and divided into four subcommittees: Education, Recruitment, Retention and Salary.

These Subcommittees met frequently, with monthly reports to the full Commission. The Commission adopted the recommendations of its subcommittees at its December 20, 1988 meeting.

Minutes of the Commission meetings will be retained in the Legislative Library of the North Carolina General Assembly.

In North Carolina, 80% of licensed registered nurses are employed in nursing fields. 76% of licensed practical nurses are employed in nursing. It will be hard to increase those ratios.

With over 54,000 licensed registered nurses (R.N.'s) and almost 19,000 licensed practical nurses (L.P.N.'s), nursing is a major profession in North Carolina. Hopefully, the General Assembly will be able to take steps to give the profession the proper respect and gratitude that it so rightly deserves. The findings and recommendations of the Commission follow.

# RECOMMENDATIONS OF THE SUBCOMMITTEE ON EDUCATION

# I. Nursing School Enrollments

# Findings

- 1. Enrollments in Diploma, Associate and Baccalaureate nursing programs in North Carolina have declined by 22% from 1983 to 1987. Of the three levels of programs, greater declines occurred in the Diploma (-58%) and Baccalaureate (-24%) programs.
- 2. For the 1984-1988 period, first time writers of the Registered Nurse Licensing Examination declined by 27%. The number of those passing the exam on the first try decreased by 31%, indicating a decline in the overall quality of students completing nursing programs. Passing rates for the R.N. exam declined for graduates of all three types of programs over this period.
- Enrollments in Licensed Practical Nursing programs declined by 45% over the 1983-1988 period.
- 4. For the fall of 1987, generic (non-R.N.) enrollments in U.N.C. nursing programs were only 58% of the maximum enrollment levels for non-licensed nurses set by the Board of Nursing.
- 5. For the fall of 1988, Community Colleges Associate Degree Registered Nursing programs were 85% of the Board of Nursing approved maximums, with freshmen classes essentially filled. Community College Practical Nursing program enrollments were 79% of Board-approved maximum enrollments.
- For 1988, 460 students were not admitted to Community College Associate Degree programs due to class limits at individual institutions. Another 239 applicants were not admitted to Practical Nursing programs for the same reason.
- Increasing patient acuity, which has helped cause the nursing shortage, also makes it much more difficult for faculty to supervise 10 nursing students in some clinical settings.
- 8. Clinical sites must be expanded to meet increases in enrollment, and new sites may be smaller and more diverse.
- Community Colleges are losing faculty to hospitals and may have difficulty attracting additional faculty under current funding constraints.

# Recommendations

- A. The State should fund grants to Schools of Nursing to expand both the number and the diversity of clinical sites. These funds could be used to offset additional costs incurred by new sites, to hire additional faculty for clinical work, or to pay adjunct faculty at clinical sites. (Funds are recommended in the Recruitment section for this purpose).
- B. UNC Schools of Nursing should consider targeted recruitment efforts aimed at non-nursing community college students and at non-traditional students. Nursing curriculums should be examined to see if restructuring is needed to allow those students to complete the nursing curriculum in two years. These efforts should be reported back to the General Assembly and some monitoring body by November, 1989.

# II. Educational Mobility for Nurses

#### **Findings**

- 1. While projections have focused on the immediate shortfall of registered nurses, some projections show that by the year 2000 and beyond, the greatest shortage will be for baccalaureate-trained nurses, with other shortfalls of masters-prepared nurses.
- Baccalaureate nursing programs can target some of their recruitment efforts at nursing students in community college ADN programs, for some students want to pursue a bachelor's degree. However, more effort must be made to provide credit for the courses taken at the community college level.
- Overall, there need to be greater opportunities to move from L.P.N. programs into A.D.N. programs, from A.D.N. programs into B.S.N. programs, for RN's to get B.S.N. degrees while working, and for returning baccalaureate graduates in other fields to get nursing degrees. The articulation should be easier and should not vary as significantly as it currently does (based on the particular schools involved).

For example, the Commission found that the 45% of general education courses required for Associate Degrees in Nursing (A.D.N.) at Community Colleges are accepted more frequently by baccalaureate schools if the Community College has a college transfer program.

- In 1987-88, licensed registered nurses returning to get a baccalaureate nursing degree were 27% of UNC's undergraduate nursing enrollment.
- 5. AHEC has contracted with UNC Schools of Nursing to provide off-campus B.S.N. and M.S.N. programs for working RN's in areas not close to a UNC School of Nursing. Thus far 135 RN's have graduated with a B.S.N., and 139 are currently enrolled in 6 off-campus programs.

Community level evaluations of these AHEC off-campus programs show:

- Higher motivation, enthusiasm and patient care skills by graduates;
- Support from nursing supervisors who find the graduates share their new skills with other staff; and

- ;

Low attrition rates.

## Recommendations

#### A. Course Credits

- The Department of Community Colleges and the baccalaureate schools of nursing should be encouraged to continue their efforts to improve the transferability of course credits taken for the Associate Degree in Nursing to baccalaureate programs. This would improve the atmosphere of educational opportunity for nurses.
- 2. The hospital-based diploma schools of nursing should work with the ADN and BSN programs in their service areas to structure diploma-school course offerings so that these courses meet the criteria for academic credit at the ADN and BSN institutions. This would improve opportunities for both career and educational mobility for diploma school graduates. The schools are requested to report the results of these efforts to the General Assembly and some monitoring body by November, 1989.
- B. The Department of Community Colleges should expand its efforts where possible to offer A.D.N. programs on employment sites (hospitals) for Licensed Practical Nurses. This should include state institutions where applicable. This strategy would provide educa-

- tional mobility to LPN's, allow employers to "recruit at home", and would help fill secondyear class spaces caused by student attrition.
- C. Baccalaureate Schools of Nursing should examine efforts made on various campuses such as UNC-Charlotte to provide on-campus BSN programs structured for working RN's. Schools should make every effort to provide similar opportunities in their regions. This would provide accessibility to further training for many nurses in North Carolina. A report on these efforts by the UNC Board of Governors should be made to the General Assembly and some monitoring body by November, 1989.\*
- D. The AHEC off-campus programs for B.S.N. and M.S.N. degrees should be continued and expanded. AHEC should continue to contract for these programs to provide flexibility to meet changing geographic demand. The program should be expanded to reach unserved regions.\*
- Funds for items IB (Targeted Recruitment), IIC (Programs for working RN's) and IID (Expand AHEC off-campus programs) should be provided to AHEC in the amounts of \$240,000 in 1989-90 and \$400,000 for 1990-91.

#### III. Scholarships

# Findings

- All sectors of nursing education recommended increased scholarship assistance to help improve the quality and quantity of students entering nursing schools.
- Many of the non-traditional students that nursing schools must target to meet the demand for nurses are not eligible for traditional sources of financial aid, which are structured for new high school graduates.
- 3. The Teaching Fellows Program, a merit scholarship program designed to attract bright students into teaching, has been highly successful. The program is highly competitive, has a regional selection process, and requires colleges to commit extra resources to the Fellows attending their institution.
- 4. A survey conducted by the State Education Assistance Authority (S.E.A.A.) found that major sources of nursing scholarships were the N. C. Health, Science and Mathematics Student Loan Program, schools of nursing, and hospitals.
  - a. The N. C. Health, Science and Mathematics Student loan program awarded \$203,500 in funds to 65 nursing students for the 1988-89 academic year. These are need-based loans to students at all levels (Associate Degree to Doctoral Degree), and may be repaid by nursing service in North Carolina.
  - b. Only 8 scholarships of \$3,000 or more were identified from other sources.
  - c. Many of the scholarships from hospitals or nursing homes are for employees or for students who contract to work for the institution providing the scholarship upon graduation.

#### Recommendations

The Commission recommends a multi-level scholarship program to:

- to attract bright young people into the nursing profession;
- to attract non-traditional students and adults into nursing;
- to provide increased financial aid for nursing students (including those ineligible for traditional financial aid programs) to enhance their potential for completing nursing programs; and

# A. The Commission recommends a merit scholarship program of

- 1. 100 \$5,000 scholarship loans per year for 4-years of baccalaureate BSN study.
- 300 \$3,000 scholarship loans per year for 2-years of Associate Degree Nursing diploma school nursing.
- 25 \$3,000 scholarship loans per year for 2-years of BSN study for the Junior and Senior years.
- 4. 50 \$2,500 scholarship loans per year for 2 years of BSN study for RN's.
- Decisions on scholarship recipients will be made through a statewide process determined by the General Assembly or an authority designated or created by the General Assembly. Guidelines on merit decisions must provide for the qualifications and inclusion of non-traditional students.
- Scholarship loans may be used at nursing schools which meet all standards of the Board of Nursing for full approval at the time of the scholar's entry into school.

## B. Need-based Scholarships

- The State should create a need-based scholarship fund for nursing students funded at \$1 million per year.
- Funds would be available for study in community college, UNC and private college LPN or RN nursing programs. Part-time students and non-traditional students with previous degrees would be eligible, including RN's pursuing a BSN degree.
- Funds would be administered by the community college system, the UNC system, and the State Educational Assistance Authority.

### C. Administration

All scholarship loans may be repaid by nursing service in North Carolina.

#### D. Funding

		Fiscal Year					
		89-90	90-91	92-93	93-94	94-95	
Merit	Scholarships						
1.	100 \$5,000 per year (4 yr)	-	500,000	1,000,000	1,500,000	2,000,000	
2.	300 \$3,000 per year (2 yr)	-	900,000	1,800,000	1,800,000	1,800,000	
3.	25 \$3,000 per year (Jr./Sr.)	-	75,000	150,000	150,000	150,000	
4.	50 \$2,500 per year (RN for BSN)	-	125,000	250,000	250,000	250,000	
Need-based Scholarships		1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	
Administration		100,000	100,000	100.000	100,000	100,000	
Total Scholarship Recommendations		<b>\$</b> 1,100,000	\$2,700,000	\$4,300,000	\$4,800,000	\$5,300,000	

#### RECOMMENDATIONS OF THE SUBCOMMITTEE ON RECRUITMENT

# I. Geographical and Speciality Shortages

# Findings

- Through surveys and other efforts, the Commission found that the nursing shortage is particularly acute in rural, long-term care, and critical care settings. One particular specialty, Certified Registered Nurse Anesthetists, seemed to have similar problems on a geographic basis.
- Being a clinical training site for nursing students is a good recruiting tool for institutions and other employers.

#### Recommendations

#### A. Rural, Long-Term Care, Critical Care

- The State should encourage the use of varied clinical training sites for nursing students. This should include additional resources to provide training sites in smaller, rural hospitals and in non-hospital settings. Additional funds of \$100,000 should be provided to nursing schools as needed to cover additional costs. Various provider groups should encourage their members to offer clinical sites as a recruiting tool.
- 2. Baccalaureate Schools of Nursing should attempt to locate summer externships for students in rural and other shortage areas. AHEC should assist in setting up regional meetings with nursing schools, hospitals, nursing homes and other health care providers to talk about the availability of students and the opportunities for summer employment. It appears that students could perform tasks at the highest unlicensed level under pending regulations of the Board of Nursing.
- AHEC should provide information and training to hospitals and other employers on programs that help retain new graduates. This would include Pitt County's "Co-Venture Project" with nurse preceptors for new graduates as one model. Funding of \$50,000 per year is recommended.

# B. Certified Registered Nurse Anesthetist (CRNA)

 East Carolina University should explore the need and feasibility of establishing a MSN/CRNA program in eastern North Carolina. The Board of Governors should review the potential for expansion of existing MSN/CRNA programs.

#### II. Increase Public School Contact

#### A. Findings

- 1. In the middle school (grades 7-8), students undergo a nine-week career explorations lab. Approximately one-third of all seventh and eighth graders have this course, with a heavier concentration in the rural areas. Other testimony indicated that the information available to teachers of these courses on health careers was very limited, and that the amount of time spent on health careers was slight. The second level of true health occupation education starts in high school, in grade 10 or 11. All of these courses are elective. The Subcommittee found the following problems with this curriculum as a recruiting tool to interest students in health careers.
  - a. No occupational education is taught in the ninth grade, leaving a gap after health careers orientation in the middle school.

- b. Students taking a second year in occupational education (senior year) intern for at least 90 hours in a health care agency. This time, and the occupational education course work, make it very difficult for students to take the science and math courses needed for nursing education and to meet the minimum entrance requirements for UNC schools.
- c. Therefore, students taking health occupation in high school are not as likely to complete high school, or to go into nursing. There is a different academic track for students planning to go to four-year schools.
- d. Health occupation education is available in about 50% of the high schools in the State, with a higher concentration in the western and Piedmont sections of the state. There are only about 6,300 students in health occupation courses in high school.
- Contact with students before high school is helpful to create an interest in nursing and allow students to schedule the academic courses needed for nursing before their academic programs are too far along.
- Successful recruitment efforts have been modeled by various institutions and schools
  by increasing awareness and exposure to health career opportunities at the middle
  and high school levels.

#### Recommendations

# A. Health Occupations

- The Department of Public Instruction should develop a second, more rigorous academic health occupations track for students planning to go on to college. The Department should report its plans to the General Assembly and some monitoring group by November, 1989.
- The Department of Public Instruction and UNC should work collaboratively to see if current health occupations courses can be altered to meet the criteria for acceptance under minimum entrance requirements.
- 3. The Department of Public Instruction and AHEC should jointly plan summer programs in health careers for rising ninth, tenth, and eleventh graders. These programs could provide exposure to health careers, provide part-time employment for students in health care facilities, offer further academic instruction and credit in science and math. The programs could be targeted to particular regions of the state, and they could use vocational education teachers, the experiences of the UNC Math-Science Education Network's Pre-College Program, and the North Carolina School of Science and Mathematics. Plans, with any cost estimates, should be reported back to the General Assembly and some monitoring group by November, 1989.

#### B. Resources

- AHEC should provide informative materials and training in health careers (including nursing) for middle-school career exploration teachers, with the purpose of increasing the exposure of students to health careers. East Carolina, Pitt Community College, and Pitt County Memorial Hospital have piloted such an effort called the Co-Adventure Project. New AHEC funding of \$75,000 should be supplemented with funds from the public schools budget to carry out this effort.
- High school guidance counselors should receive health occupation marketing materials and information.

#### III. Community Colleges and UNC Resources

# Findings

- Increased acuity of hospital and long-term care patients, as well as technological advances, make it more difficult for clinical nursing faculty to monitor as many as 10 nursing students in certain settings. Further, desired increases in nursing school enrollments will require additional faculty and more clinical teaching sites.
- 2. Community college nursing faculty salaries are barely competitive with hospital nursing salaries. It will be difficult to retain current faculty or to attract additional nursing faculty unless this problem is addressed.
- 3. Community colleges receive the same support per full-time equivalent (FTE) nursing student as they receive for other, less-costly curriculum students. UNC schools vary in the amount of funds provided to each campus for all FTE students, and they vary further in each campus' allocation per student to nursing programs.

#### Recommendations

- A. Per student funding for nursing programs in community colleges should be increased. Assurance that all additional funds go to nursing programs should be enforced with a non-supplant clause or similar directives. The UNC Board of Governors should insure that adequate resources are available for expansion of nursing programs.
- B. Salaries of community college and UNC nursing instructors must be increased to compete in the current market and to attract additional instructors to meet program expansion needs.

#### IV. Marketing

## Findings

- Successful recruitment efforts at local community colleges have been piloted. They are targeted locally at several specific audiences.
- Baccalaureate campuses and community colleges need to target non-traditional students
  for recruitment into nursing programs. Proximity to school and flexible scheduling are
  important factors to non-traditional students. Efforts by UNC and Community College
  schools of nursing to offer evening classes and provide credit for previous coursework or
  experience are not consistent.
- The image of nursing and nursing schools is important in recruitment efforts. Video productions of nursing roles have been shown to have a positive impact on the image of the profession.
- Professionally produced materials designed for specific target audiences are more effective than generic "Be a Nurse" efforts.

# Recommendations

- A. A comprehensive, generic professional media campaign on nursing as a profession should be developed and funded over two years. This would serve to recruit for employers and nursing schools. State funding of \$100,000 per year would be used to leverage national and local efforts.
  - A professionally produced video on nursing as a profession could be provided to middle and high schools. This could then be tied back to more specific information

- about each school, should the students follow up. Use of the TI-IN satellite education network is a good way to reach rural schools.
- All efforts should be coordinated with national, local, employer and education recruitment and image campaigns.
- B. Funding for innovative recruitment programs by nursing schools would encourage UNC and the Community Colleges to develop new ideas to attract various groups of students. Funding of \$75,000 for competitive grants for innovative recruitment efforts is recommended.
- C. AHEC should expand its pilot recruitment programs, such as:
  - 1. Speakers bureau
  - 2. Self-study refresher courses
  - 3. Study of career choices among high school students
  - 4. Nursing schools work with regional AHEC's to develop recruitment materials.

Funding of \$125,000 for these AHEC efforts is recommended.

- D. Efforts to attract non-traditional students
  - The Department of Community Colleges and the UNC Board of Governors shall direct their schools of nursing to review their curriculum structure and schedules to insure flexibility and accessibility for non-traditional students.
  - 2. More frequent and more widespread refresher courses should be made available. Schools should be given incentives to provide refresher courses for relicensing. Course availability should be as decentralized as possible. The State could pay a "bounty" to each nursing school for each L.P.N. or R.N. who completes a refresher course through that school and is relicensed. Funds to expand refresher courses should be funded at \$75,000 per year for 3 years.

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## RECOMMENDATIONS OF THE SUBCOMMITTEE ON RETENTION

### I. Image of Nursing

# Findings

An image of the nursing profession as "overworked and underpaid," with limited autonomy while lacking professional stature, social pressige and high economic rewards is cited by the National Secretary's Commission on Nursing as a factor decreasing the potential supply of nursing students.

#### Recommendations

The Commission should fund a coordinated media effort to enhance the image of nursing. Funding for this effort is proposed under the Recruitment section of this report.

#### II. Retention Efforts in the Work Environment

#### Findings

- The AHEC Survey of N.C. nurses found that the "majority of job characteristics considered most important by all nurses" were in the area of "work climate." Three of these "work climate" items:
  - "participating in decisions affecting their jobs";
  - · "respect of physicians for nursing;" and,
  - "respect of administrators for nursing"

were among the least satisfying job characteristics.

- Professional Practice Models piloted by different nursing units across the country have reduced turnover, increased recruiting and enhanced nurse self-image.
  - Elements of successful professional practice models include:
    - Decentralized decision making and shared governance
    - · Registered nurses are salaried instead of hourly employees
    - Work scheduling participation by staff nurses at the work unit level; and
    - Unit-based quality assurance (accountability) and peer review
  - A major goal of some practice models is to have each nurse assume full responsibility for a caseload of patients.
  - 3. Professional practice models are based on clinical rather than administrative values,
  - AHEC is sponsoring workshops across the state to provide information about various successful professional practice models.
- Hospitals can create positive climates for nursing which enhance their ability to recruit and retain nurses. Since the cost of a turnover in a hospital nursing position has been estimated at \$20,000, retention efforts can be cost effective.

Such efforts must concentrate on providing a work environment that both values and supports nursing practice. Among North Carolina hospital initiatives are:

- Decentralization of decision-making, including scheduling;
- Internships, preceptors and other support for new nursing graduates;
- · Efforts to recognize and reward nursing excellence; and
- Continuing education and career advancement opportunities for all.

Nationally, studies show that hospitals with strong support for nursing from chief administrators and governing boards have better success in attracting and retaining nurses.

#### Recommendations

- A. The State should provide funding for competitive grants to employers for innovative pilot efforts to retain nurses in patient care. Funding of \$75,000 is recommended.
- B. The Committee recommends funding for six AHEC Retention Pilot Projects. The pilot projects are:
  - 1. Education efforts for various groups regarding nursing recruitment and retention.
  - 2. Assist in implementation of pilot professional practice models.
  - Mini-fellowships for two hospital nursing managers to visit site(s) of new nursing practice model(s).
  - 4. Initiatives in nursing management and leadership, and certification review courses.
  - Summer internships for senior nursing students to reduce "reality shock" and master clinical skills.
  - 6. Continue research on retention mandated by HB 2461.
  - 7. Recommended funding for these AHEC efforts is:

1989-90 1990-91

\$225,000 \$335,000

C. The State of North Carolina should be a model employer. State institutions employing nurses should be included in the AHEC efforts, and the institutions should experiment with retention efforts. The Department of Human Resources, the Department of Correction and N.C. Memorial Hospital should report to the General Assembly and to some monitoring group on their efforts and additional authority needed to carry out retention efforts by November, 1989.

# III. Retention Incentives and Nursing Focus

# Findings

- 1. The State has created and funded the Center for the Advancement of Teaching (CAT). The purpose of the Center is to reward excellence in teaching, through self-renewal, intellectual stimulation, and broadening personal perspectives. Preliminary evaluation results indicate renewal is occurring among participants, and there is anecdotal evidence that retention in the teaching profession is resulting.
- 2. The Wake Area Health Education Center has developed preliminary plans for a Center for the Advancement of Nursing Practice. The Center's purpose is to counteract the stress and burnout that begins to affect nurses after 18 months to two years. Plans call for five-day seminars similar to the format of the Center for Advancement of Teaching.
- The State does not have one agency, group or institution which serves as a focal point for information, initiatives and promotion of the nursing profession.

#### Recommendations

A. The General Assembly should provide funds for planning for a Center for Excellence in Nursing. Funding should be \$75,000.

The planning group for the Center for Excellence in Nursing should consider the need for a focal point for the State's efforts for the nursing profession including:

- 1. promotion of a positive image of nursing
- 2. pro iding incentive grants for innovative efforts by employers and schools
- 3. development of a coordinated recruitment strategy
- 4. other initiatives recommended by other subcommittees.
- B. AHEC should be contracted to run two pilot institute programs in 1989-90 for nurses involved in direct patient care. Funding of \$100,000 should be provided.

# IV. Nursing Pools

- The State regulates home health agencies which receive Medicaid and Medicare reimbursement. Most of the home health agencies who testified also operated supplemental nursing staffing pools, but they are organized as separate entities and are not regulated.
- The nursing pool operators who testified felt that no regulations were necessary, because they subscribe to standards of a national association. In addition, these providers felt that the market forced them to meet high standards, or users such as hospitals or nursing homes would not continue to contract with a pool whose performance was unsatisfactory.
- 3. User groups such as hospitals and nursing homes felt that any regulation should focus on the impact of quality of patient care. Concerns were expressed about the pools' impact on costs of care, and the need to insure quality, since users needed these nurses on short notice and did not have time for extensive interviews or integration with current staff.

  Users must rely on nursing pools to provide quality short-term replacements.
- Legislation from states which regulated pools primarily deals with requirements for record keeping, current health certificates, licensing/training requirements, and liability insurance.

#### Recommendations

A. Draft legislation should be prepared to provide some minimal level of monitoring of agencies, employers or others who provide nursing staff to others. Legislation should only be concerned with insuring the quality of patient care. Such legislation would not affect individuals who only engage in providing their own services.

Legislation should cover two groups.

- "Nursing pools" who provide temporary staff for nursing services to health care facilities.
- Businesses engaged for hire to provide temporary staff or nursing services for inhome care or private duty nursing.

# RECOMMENDATIONS OF THE SUBCOMMITTEE ON SALARY

### I. Base Pay

Base pay will have to move upward based on market demands, and employers of nurses will have to allocate more budget for nursing pay.

# Findings

 The use of salaries for nurses instead of hourly wages, when used in conjunction with various professional practice models, can increase productivity and professional accountability among nursing staff.

Experience by a private home health agency in Asheville which switched to salaries for its nurse employees found that job satisfaction increased, on-call time decreased, and recruiting was easier. There was a small decrease in budgeted salary costs for the agency.

 Institutions which have used professional practice models have experienced reduced turnover and improved recruiting for those units using the practice models.

Professional practice models vary considerably in their structure, but generally include the following elements:

- Shared governance
- Salaried nurses
- Self-Scheduling
- Unit-based quality assurance
- Peer review
- 3. Results of Recent Legislative Salary Increases at State Institutions
  - a. 1988 legislative action increased the pay for an entry-level Clinical Nurse I at Staterun N.C. Memorial Hospital from \$22,680 to \$24,792, a 9.3% increase. Beginning hourly rates are \$11.92, up 9.3%.
  - b. Shift premium increases for permanent evening and permanent night shifts increased those salaries by 15.9% and 20.6%, respectively.
  - c. Data provided by Memorial Mission Hospital in Asheville showed similar increases from May to October, 1988. Base hourly rates are up 17.6% to 19.2%. These increases have helped reduce the vacancy rate from 18% to 3% over this five month period. Hourly rates are comparable to North Carolina Memorial Hospital.

#### 4. Wage Compression

- a. Wage compression is a major problem with nursing salaries. Bedside nurses salaries will increase only 36% over a career. This compares poorly with clerical ranges (72% to 85%) and with other professions with comparable entry-level salaries (computer programmers: 106%, accountants: 193%).
- A survey of North Carolina nurses found wage compression particularly acute among mid-career nurses (6-20 years in nursing) and late-career nurses.
- c. The salary ranges for a state-employed clinical nurse (Lead Nurse) is approximately 68% for a lead nurse over 25 years. However, 78.4% of state employed registered nurses are on the first six steps of the 11-step salary grades. The same is true of 69% of licensed practical nurses in state employment. The lack of a merit increment program renders these salary ranges ineffective.

#### Recommendations

- A. As part of professional practice models, salary versus hourly wages should be considered in order to create a motivational factor and for better budgeting of nursing pay expense.
  - Stimulation of experiments in salary programs within professional practice models should be a priority of the Legislature through demonstration grants. These should be funded at \$50,000 per year for 3 years.
  - The State should provide flexibility to its institutions to experiment with professional practice models.
- B. The range in base pay must be expanded from the 25-30 percent now prevalent to at least 75-85 percent which allows personnel a hope for the future. This should reduce turnover, and those savings would help offset the cost increase.
  - 1. The State should review its clinical ladders for State-employed nurses.
    - State clinical ladders are dependent on merit pay advancement. The State must insure some merit pay for nurses.
    - b. The Office of State Personnel should report on its review of nursing clinical ladders to some monitoring body and the General Assembly by November, 1989.
  - 2. Some state entity needs to monitor nursing salaries over time.
  - Employers of nurses must address the wage compression issue, and not merely raise entry-level salaries.

### C. Public Health Nurses

The counties must be encouraged to keep pay for public health nurses competitive with salary levels of other nurse employers. Vacancies in public health agencies significantly impact the State's implementation of various health programs, such as efforts to reduce infant mortality, and these failures increase other costs such as Medicaid and emergency room charges.

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#### II. Fringe Benefits

#### **Findings**

- The AHEC Nurse Survey found that among selected traditional fringe benefits, the "greatest discrepancy between importance and satisfaction is with retirement benefits." However, these traditional benefits are not among the most important job characteristics for working nurses.
- 2. Nurses in North Carolina are predominantly female, and 61% have children under the age of 20 in their household. Therefore, flexible work schedules and child care options are significant factors in nurse employment for a significant segment of the profession. Child care benefits were among the least satisfying job characteristics for all nurses surveyed.

# Recommendations

- A. Greater flexibility and choice in fringe benefits are needed. Choices for employees will help recruitment and retention.
- B. More emphasis needs to be placed on strategic fringe benefits like child care, paid time off, insurance and retirement. Research into which fringe benefits are the most effective and have the greatest cost benefit needs to be stimulated by the Legislature.

- C. Survey results show more interest in retirement benefits. Employer groups should explore joint study of annuities or other retirement planning options.
- D. The State should consider flexible fringe benefit options for its nurse employees.
- E. The State should fund demonstration grants for employers to plan and try innovative approaches to scheduling child care and flexibility in fringe benefit plans. This should be funded at \$30,000 for 2 years.

# III. Premium and Incentive Pay

# Recommendations

# A. Premium Pay

Premium pay ties strongly with flexible scheduling, and employers must be flexible in structuring pay plans to achieve personnel commitment to evening, night, and weekend shifts. Twelve-hour shifts, ten-hour shifts, Baylor plan, etc., are all alternatives that need to be promulgated. Flexible scheduling must be explored by employers. Use of self-scheduling in professional practice models should be encouraged.

# B. Incentive Pay

Incentives for added compensation must be tied to improvements in productivity and general cost savings. Entrepreneurial approaches must be stimulated by the Legislature, and all employers including the State of North Carolina must be willing to establish pay arrangements that are creative and give more dollars to those who produce more or save more. These efforts can be incorporated into professional practice models.

## IV. Productivity

#### Findings

- Registered nurses are flexible, well-educated employees, and have been substituted for non-nursing staff. Hospitals reduced ancillary staff and licensed practical nurses while increasing their demand for registered nurses during the mid-1980's.
- 2. Registered nurses spend 30 to 35% of their time on non-nursing tasks which could be performed by others in many instances.
- Computerization can effectively reduce paperwork and increase nursing care time in hospital settings.

#### Recommendations

Employers and nurses must explore ways to increase productivity of nursing time.

- A. The provision of adequate support services such as secretarial help and ancillary staff increases nurses' time to provide bedside care. AHEC should provide training and consultation on methods to achieve the proper mix of nursing staff and support staff.
- B. A balance of nursing professionals, that is RN's, LPN's and many types of assistants, must be achieved. A Registered Nurse's time is too valuable to perform tasks that can be accomplished by others. Adequate support services in such areas as escort, dietary, housekeeping, supplies and secretarial would allow greater time for nursing tasks.
- C. The State should provide demonstration grants of \$100,000 to health care institutions as seed money for improving nursing support services, including computerization efforts.

D. Institutional and nursing management must demonstrate support for excellent nursing care and commitment to supply the resources necessary to provide excellent care. AHEC should develop programs for institutional managers and directors to further educate them on nursing needs and roles.

#### V. Continuing Education

#### Findings

- Continuing education can serve as a fringe benefit, an enhancer of productivity, improve
  morale, and increase the quality of care. It is an important factor in nurse satisfaction.
- 2. The AHEC Survey of North Carolina nurses shows significant discrepancy between importance and satisfaction of continuing education opportunities.

#### Recommendations

- A. Employers, including the State, should make every effort to provide nurse employees with educational opportunity.
  - Paid time off for courses.
  - 2. Provide specialty training in shortage areas such as critical care.
  - 3. Provide leadership and management training for nurses.
- B. Tuition payments and continuing education course fees should be an important part of nursing employment packages.
  - The State should change its Medicaid rates to reimburse hospitals, nursing homes and home health agencies for tuition expenses for health employees at amounts above the current Medicaid rates, with a maximum add-on per institution or per employee.

#### VI. Career

#### Findings

Nurses stated that two factors that could cause them to leave the profession were the lack of potential for advancement and a lack of respect for their efforts and for the profession.

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#### Recommendations

- A. The State should encourage integration of clinical ladders with educational advancement and salary levels. Increased responsibility should require increased preparation and should provide increased compensation.
- B. The state should provide incentive planning funds of \$50,000 for the development of integrated pay, career advancement and education plans for nurses that are applicable to various types and sizes of health care institutions.

#### Recommendations on the Nurse Aide Registry

The Commission endorses the efforts of the Board of Nursing to establish a central nurse aide registry. The proposed registry has been developed in cooperation with the North Carolina Hospital Association, the North Carolina Health Care Facilities Association, and the North Carolina Association for Home Care. Information will be shared between the Board of Nursing and the Division of Facility Services of the North Carolina Department of Human Resources.

The Commission recommends enabling legislation to carry out the nurse aide registry.

#### Recommendations on Implementation

The Commission recommends that the General Assembly create a Commission on Nursing to oversee implementation of any recommendations enacted by the General Assembly and to carry out additional planning. This Commission should sunset after two years.

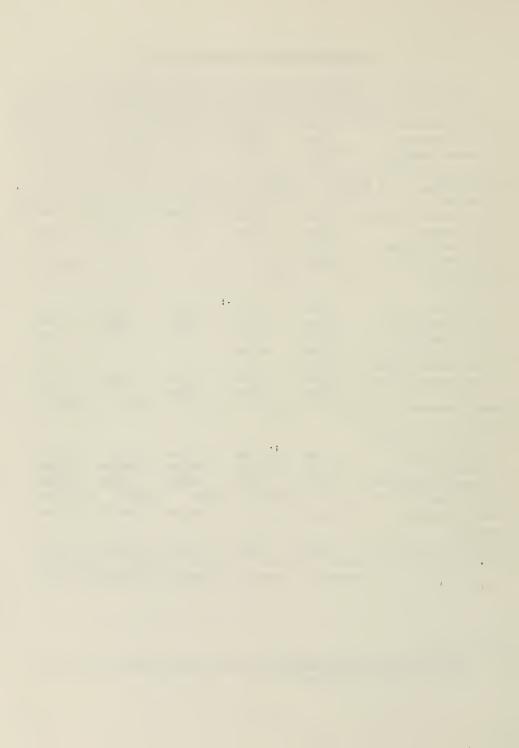
## SUMMARY OF COST OF PROPOSALS

Salary Practice Models		89-90	90-91	91-92	92-93	93-94
b. Fringe benefits grants c. Productivity experiments d. Plan career/pay/deduction Subtotal: Salary S 230,000 S 80,000 S 50,000 S 50,000 S 75,000 S 75,000 S 75,000 S 75,000 S 75,000 S 335,000 S 300,000 S 100,000 S 1	Salary					
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Subtotal: Retention         \$ 475,000         \$ 410,000         \$ 410,000         \$ 335,000         \$ 335,000           Recruitment           a. Clinical sites         \$ 100,000	c. Plan Center for Nursi	ng 75,000	-	-	-	-
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c. AHEC/Public Schools         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         75,000         12	a. Clinical sites	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
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c.         Scholarship Administration         100,000         100,000         100,000         100,000         100,000         100,000         100,000         \$0,000 </td <td>* * * *</td> <td></td> <td></td> <td></td> <td></td> <td></td>	* * * *					
Subtotal: Education         \$1,340,000         \$3,100,000         \$4,700,000         \$5,200,000         \$5,700,000           Total: 4 Subcommittees         \$2,645,000         \$4,115,000         \$5,585,000         \$5,835,000         \$6,335,000           Commission         75,000         75,000         —         —         —         —         —	•					
Total: 4 Subcommittees         \$2,645,000         \$4,115,000         \$5,585,000         \$5,835,000         \$6,335,000           Commission         Commission on Nursing         75,000         ————————————————————————————————————	•					
Commission           Commission on Nursing         75,000         -	Subtotal: Education	\$1,340,000 \$3	3,100,000 S	4,700,000 \$3	5,200,000	\$5,700,000
		\$2,645,000	\$4,115,000	\$5,585,000	\$5,835,000	\$6,335,000
	Commission on Nursing	75,000	75,000			
10141 110003415 \$2,720,000 \$4,170,000	Total Proposals	\$2,720,000 \$4	4,190,000 \$:	5,585,000 \$:	5,835,000	\$6,335,000

#### Costs not included:

(a) Salary: Medicaid add-on for educational costs

<sup>(</sup>b) Recruitment: Increase per student funding and instructors salaries in Community College nursing programs and UNC nursing programs.



#### GENERAL ASSEMBLY OF NORTH CAROLINA 1987 SESSION RATIFIED BILL

#### CHAPTER 1049 HOUSE BILL 2461

AN ACT TO ADDRESS THE NURSING EMERGENCY WHICH IS FACED LY NORTH CAROLINA.

The General Assembly of North Carolina enacts:

Section 1. Existing scholarship and loan information consolidated and published. (a) The State Education Assistance Authority of the Board of Governors of The University of North Carolina shall consolidate information on existing scholarships and loan programs available for nursing education. The information shall be published in a brochure and made available to high schools, colleges, Area Health Education Centers, and other facilities.

(b) There is appropriated from the General Fund to the Board of Governors of The University of North Carolina the sum of twenty thousand dollars (\$20,000) for the 1988-89 fiscal year for the State Education Assistance Authority to

implement subsection (a) of this section.

Sec. 2. Emergency Financial Assistance Fund. (a) There is established an Emergency Financial Assistance Fund for students in State educational nursing and licensed practical nursing programs, to be administered by each campus. Emergency need is defined as acute financial need caused by a particular event which immediately and severely impacts a particular student's ability to continue his or her educational program in nursing on that student's current schedule. Allowable expenses, for emergency assistance, shall include funds for child care, transportation, housing, and medical care; and shall not be considered as an ongoing source of income for those expenses. Emergency assistance shall be limited to four hundred dollars (\$400.00) per academic year for any individual. The local Board of Trustees at each campus shall review quarterly the expenditures under this Fund, and the Department of Community Colleges and the Board of Governors of The University of North Carolina shall assess the Fund's impact on completion rates in these programs, and report their assessment to the General Assembly.

(b) There is appropriated from the General Fund to the Department of Community Colleges the sum of four hundred ten thousand dollars (\$410,000) for the 1988-89 fiscal year and there is appropriated from the General Fund to the Board of Governors of The University of North Carolina the sum of one hundred forty thousand dollars (\$140,000) for the 1988-89 fiscal year for the Emergency Financial Assistance Fund. These funds shall be allocated among the institutions with nursing programs, based on policies adopted by the State Board of Community Colleges and

the Board of Governors of The University of North Carolina.

Sec. 3. Nursing licensing exam follow-up assistance. The Board of Governors of The University of North Carolina shall direct the constituent institutions and the State Board of Community Colleges shall direct the Community Colleges to provide follow-up assistance for their students who fail the nursing licensing exam for the first time. This follow-up assistance shall include consultation with the Board of Nursing on areas needing improvement and shall include providing additional appropriate preparation assistance before the next exam date.

Sec. 4 **Drop-out exit surveys.** The Board of Governors of The University of North Carolina shall direct the constituent institutions and the State Board of Community Colleges shall direct the Community Colleges to conduct an exit survey of students who drop out of nursing programs to determine their reasons for leaving the programs. This survey data shall be reported to the Study Commission on Nursing along with recommendations on how to reduce the number of students who do not complete the nursing programs.

Sec. 5. AHEC publicity program. The Area Health Education Centers of The University of North Carolina and the Board of Nursing shall cooperate in

developing publicity on:

(1) New salary levels and job opportunities in nursing;

(2) The availability of refresher courses; and

(3) License renewal requirements for registered nurses whose licenses are not currently active.

This information shall be provided to nurses without a current license in an effort to

attract them back into nursing practice.

Sec. 6. AHEC nursing study. The Area Health Education Centers Program of The University of North Carolina shall study nurses who leave their jobs, in order to provide data to the Legislative Study Commission on Nursing on the reasons nurses leave their jobs and if the nurses plan to continue practicing nursing in other jobs. This data shall be used by the Legislative Study Commission on Nursing to identify positive retention factors for nurses and to formulate strategies for changing work environments in order to attract nurses back into the profession.

Sec. 7. **Legislative Study Commission on Nursing.** (a) There is established the Legislative Study Commission on Nursing. The Commission shall be composed of four members of the Senate appointed by the President of the Senate and four members of the House of Representatives appointed by the Speaker of the House, and six members of the public, three appointed by the Speaker of the House and three appointed by the President of the Senate. The Speaker of the House of Representatives and the President of the Senate shall each appoint one member as cochairman of the Commission. Members of the Commission shall receive per diem and travel allowances as authorized under G.S. 120-3.1 for members who are legislators and G.S. 138-5 for members who are not legislators.

(b) The Commission is charged to study the issues outlined below. The Commission shall make recommendations, including cost estimates, aimed at

impacting the nursing shortage.

(c) The Commission shall make a final report of its recommendations to

the General Assembly by April 1, 1989.

(d) The Commission may, with the approval of the Legislative Services Commission, meet in the State Legislative Building or the Legislative Office Building. The Commission will use the staff of the General Assembly to the extent authorized by the Legislative Services Commission. Clerical assistance will be furnished by the General Assembly. The Commission may enter into contracts, if needed, with consultants after obtaining permission from the Legislative Services Commission.

(e) The Commission shall study the following issues and other issues

which relate to the shortage of nurses:

Education-Related Issues

(1) The need for a merit scholarship program for nursing, modeled on the Teaching Fellows Program. If the Commission finds a need, it shall plan and develop a program for submission to the General Assembly. This shall be the Commission's top priority.

(2) The need for need-based scholarship programs, loan programs, or other forms of financial assistance that would improve the number of students completing nursing education. If the Commission finds

a need, it shall plan and develop a program for submission to the General Assembly.

(3) The need for additional support services for nontraditional students going into nursing; such as counseling and peer tutors, in State-funded nursing programs.

(4) The need to improve articulation for graduates of Associate Degree programs into Baccalaureate nursing programs in The University of North Carolina and private colleges.

(5) The need to increase AHEC off-campus Baccalaureate nursing

programs in rural areas.

(6) The need for incentives or grants for employers to encourage

nurses to participate in further education.

(7) The need for the public schools to incorporate health occupations curricula into courses acceptable for meeting college entrance requirements.

(8) The need for development of alternative teaching sites, such as nursing homes, for more exposure to students and for continuing

education.

Retention-Related Issues

(9) The need and feasibility for a Center for Excellence in Nursing, as an incentive and reward for excellence in direct patient care. The Center could be modeled on the Center for the Advancement of Teaching. The Commission may begin planning for such a Center, if it deems it appropriate.

(10) A plan to develop a statewide media effort (in conjunction with schools, employers, and others) to further enhance the image of the nursing profession, showing its value and contributions to society.

- (11) The need for providing competitive grants to employers to develop innovative pilot programs to retain nurses in direct patient care services
- (12) The development of information and strategies for improvement of the work environment for nurses. These may include many of the efforts already under study by various AHEC's, including:

a. Review of successful "magnet" hospital efforts,

b. Professional practice models,

c. Management and leadership training,

d. Internships, and

. Consulting services for employers.

(13) The need for regulation of nursing pools, including issues on responsibility for meeting certain minimum standards and certifying that credentials of nurses in the pool are adequate.

Recruitment-Related Issues

(14) Ways to encourage students in the public schools, and in college, to enter health careers including a statewide recruitment strategy

and enhancement of health career programs.

(15) The development of innovative strategies for recruitment into the profession for service in rural and other shortage areas and strategies for recruitment from targeted groups such as persons beginning second careers, minorities, and persons in related fields. Some options that may be considered include nursing residencies in rural hospitals, clinical settings in nursing homes, and incentive pay or bonuses for work in rural areas.

(16) The need for an Office of Nursing and Allied Health as a central point for dissemination of information on these professions to

students, professionals, employers, and others.

Salary-Related Issues

The applicability of cafeteria benefits options to the nursing (17)

shortage.

The impact of Medicaid reimbursement rates and rate setting (18)methodology on the ability of employers to meet salary requirements of the nursing staff.

The need to develop a budget strategy to provide advance

(19)information to the General Assembly on funds required to pay for pending range revisions and other salary requirements caused by

changing labor market conditions.

(f) The Commission shall monitor the inplementation of a nurse aide registry as required by Federal PL 100-203. The Commission shall report to the General Assembly on the need for legislation, if any, to carry out the Federal requirements.

Sec. 8. There is appropriated from the General Fund to the General Assembly the sum of fifty thousand dollars (\$50,000) for the 1988-89 fiscal year for the operations of the Legislative Study Commission on Nursing created by Section 7

of this act.

Sec. 9. This act shall become effective July 1, 1988.

In the General Assembly read three times and ratified this the 5th day of July, 1988.

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# GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

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#### HOUSE DRH8054\*-LN065(2.6)

Short Title: Nursing Shortage Alleviation Act.		
Sponsors:	Representatives Nesbitt, Bowen, J. Hunt, and Woodard.	
Referred to:		

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#### A BILL TO BE ENTITLED

- AN ACT TO PROVIDE FOR THE IMPLEMENTATION OF PROGRAMS TO ADDRESS THE NURSING SHORTAGE IN THE STATE. 3
- The General Assembly of North Carolina enacts:
- Section 1. (a) Rural, long-term care, and critical care nursing shortages. 5
- The Board of Governors of The University of North Carolina, and the State Board of
- Community Colleges, shall direct their respective schools of nursing to develop
- 8 clinical training sites in various settings. The nursing schools shall work with various
- 9 health care provider groups in developing the training sites.
- (b) The schools of nursing at The University of North Carolina and its 10 11 constituent institutions shall attempt to locate summer externships for nursing
- 12 students in rural and other nursing shortage areas of the State. The Area Health
- 13 Education Centers of The University of North Carolina shall assist in setting up regional meetings with nursing schools, hospitals, nursing homes and other health
- 15 care providers to discuss the availability of students and the opportunities for summer
- 16 employment in rural and other nursing shortage areas.
- 17 (c) The Area Health Education Centers of The University of North
- 18 Carolina shall provide information and training to hospitals and other employers
- 19 about programs which help retain new nursing graduates.

Sec. 2. Certified Registered Nurse Anesthetist (CRNA). The Board of 2 Governors of The University of North Carolina shall explore the need and feasibility 3 of establishing a Master of Science in Nursing(MSN)/CRNA program in eastern 4 North Carolina. The Board of Governors of The University of North Carolina shall review the potential and need for expansion of existing MSN/CRNA programs. The Board of Governors shall report its findings to the Commission on Nursing by March 1, 1990.

Sec. 3. Health Occupations in Public Schools. (a) The Department of 9 Public Education shall develop a second, more rigorous academic health occupations track for students planning to pursue a college degree in health occupations. The Department of Public Education shall report on its progress in developing the second health occupations track to the General Assembly and to the Legislative Commission on Nursing by November 1, 1989.

- (b) The Department of Public Education and the Board of Governors of The University of North Carolina shall work collaboratively to determine if current health occupations courses in the secondary schools can be altered to meet the criteria for acceptance under The University of North Carolina's minimum entrance requirements.
- (c) The Department of Public Education and the Area Health Education Centers of The University of North Carolina shall jointly plan summer programs in health careers for rising ninth, tenth, and eleventh grade students to provide exposure health careers, to provide part-time employment in health care facilities for students, and to offer further academic instruction and credit in science and math. The programs may be targeted to particular regions of the State, and may be designed to use such resources as the vocational education teachers, the experiences of The University of North Carolina Math-Science Education Network's Pre-College Program, and The North Carolina School of Science and Mathematics. These plans, with cost estimates, shall be reported back to the General Assembly and to the Legislative Commission on Nursing by November 1, 1989.
- (d) The Area Health Education Centers of The University of North Carolina shall collaborate with the Department of Public Education to provide 32 informative materials and training in health careers (including nursing) for middleschool career exploration teachers, with the purpose of increasing the exposure of students to health careers.

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- (e) The General Assembly encourages the Area Health Education 2 Centers of The University of North Carolina to work with schools of nursing to ensure that high school guidance counselors receive health occupation marketing materials and information.
  - Sec. 4. Nursing programs: curricula and faculty. (a) Nursing programs in community colleges shall be funded at a level above the normal per student curriculum funding. The ratio of the funding shall be determined by legislative appropriation. The Board of Governors of The University of North Carolina shall ensure that adequate resources are available for expansion of nursing programs.
- (b) The Board of Governors of The University of North Carolina, and the State Board of Community Colleges, shall take action to ensure that salaries of nursing instructors employed by the community colleges and The University of North Carolina nursing instructors are adequate to compete in the current nursing employment market and to attract additional instructors to meet program expansion 15 needs.
  - Sec. 5. Outreach and recruiting. (a) The North Carolina Foundation for Nursing, Inc., shall develop a comprehensive, generic professional media campaign on nursing as a profession. The Foundation may contract for various services and shall coordinate the campaign with similar local and national efforts. The Foundation shall consult with the Legislative Commission on Nursing prior to executing contracts which would expend State funds.
- (b) The State Board of Community Colleges and the Board of Governors of The University of North Carolina shall direct their respective schools of nursing to 24 develop new ideas to attract students from a variety of population groups.
- (c) The Area Health Education Centers of The University of North 26 Carolina shall expand their pilot nursing recruitment programs across the State to include such efforts as the establishment of speakers bureaus and self-study refresher courses, the exploration of career choices among high school students, and the development of recruitment materials in collaboration with nursing schools in the State.
- 30 (d) The State Board of Community Colleges and the Board of Governors of The University of North Carolina shall direct their respective schools of nursing to 32 review their curriculum structure and schedule to ensure flexibility and accessibility 33 for non-traditional students. The State Board shall report its findings and actions to the Legislative Commission on Nursing by March 1, 1990.

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(e) The Board of Governors of The University of North Carolina shall direct The University of North Carolina schools of nursing to consider targeted recruitment efforts aimed at non-nursing community college students and at non-traditional students. Nursing curricula should be examined to see if restructuring is needed to allow targeted students to complete the nursing curriculum in two years. The Board of Governors shall report the results of these efforts to the General Assembly and the Legislative Commission on Nursing by November 1, 1989.

- (f) The Department of Community Colleges, the Board of Governors of The University of North Carolina, the Area Health Education Centers of The University of North Carolina, and the North Carolina Board of Nursing shall develop and implement a plan to ensure that refresher courses in nursing are available statewide and on a more frequent basis. The plan shall be reported to the Legislative Commission on Nursing by December 1, 1989.
- Sec. 6. The Work Environment for Nurses. (a) The State encourages employers to implement innovative pilot programs to retain nurses in patient care.
- (b) The Area Health Education Centers of The University of North Carolina shall continue and shall expand their pilot efforts to retain nursing professionals. These efforts shall include the following: education efforts for various groups regarding nursing recruitment and retention; assistance in the implementation of pilot professional practice models; mini-fellowships for hospital nursing managers to visit sites of new nursing practice models; initiatives in nursing management and leadership and certification review courses; developing summer internships for senior nursing students to reduce "reality shock" and to increase mastery of clinical skills; and continued research on the retention of nurses.
- (c) The State of North Carolina shall strive to be a model employer with respect to State nursing positions. State institutions which employ nurses may participate in the efforts of Area Health Education Centers, and may make experimental efforts aimed at increasing the retention of nurses in the nursing profession. The Department of Human Resources, the Department of Corrections, and the North Carolina Memorial Hospital shall each report to the General Assembly and to the Legislative Commission on Nursing on their efforts, and shall indicate any additional authority needed to carry out retention efforts. Each Department shall submit its report by November 1, 1989.

Page 4 -34- House DRH8054

- Sec. 7. Retention incentives and nursing focus. (a) The Legislative 1 Commission on Nursing shall plan for the establishment of a Center for Excellence in 3 Nursing. The Commission may appoint a separate group to plan for this Center.
- 4 (b) The planning group for the Center for Excellence in Nursing shall 5 consider the need for a focal point for the State's efforts to improve the nursing profession and shall make recommendations to the Commission on the organization, structure, duties, and costs involved in establishing and maintaining the Center.
- (c) The Area Health Education Centers of The University of North 8 9 Carolina shall conduct two pilot institute programs in 1989-90 for nurses involved in direct patient care.
- 11 Sec. 8. (a) Educational mobility for nurses. The Department of 12 Community Colleges and the baccalaureate schools of nursing are encouraged to continue their efforts to improve the transferability of course credits for the associate's degree in nursing to baccalaureate nursing programs. The Board of Governors of The University of North Carolina, and the Department of Community Colleges shall report on the results of these efforts to the Legislative Commission on 17 Nursing by November 1, 1989.
- 18 (b) Hospital-based diploma schools of nursing are encouraged to work 19 with the schools offering associate and baccalaureate degrees in nursing in their 20 service areas in order to structure diploma-school course offerings so that more of these courses meet the criteria for academic credit at the associate and baccalaureate 21 degree levels. The schools are requested to report the results of these efforts to the 23 General Assembly and the Legislative Commission on Nursing by November 1, 1989.
- (c) The State Board of Community Colleges shall expand its efforts where 25 feasible to offer associate degree in nursing programs on employment sites, including State institutions, for Licensed Practical Nurses. The State Board shall report its efforts, plans, and results to the Legislative Commission on Nursing by March 1, 1990.
- 27 28 (d) Schools of nursing of The University of North Carolina shall examine 29 efforts made on various campuses such as UNC-Charlotte to provide on-campus Bachelor of Science in Nursing (BSN) programs structured for working registered 30 nurses. These schools shall make every effort to provide similar opportunities in 31 their regions. The Board of Governors of The University of North Carolina shall 32 report on these efforts to the General Assembly and the Legislative Commission on Nursing by November 1, 1989.

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- (e) Area Health Education Centers of The University of North Carolina 2 shall continue and shall expand their off-campus baccalaureate and masters degree programs. The Area Health Education Centers shall continue to contract for these programs to provide flexibility to meet changing geographic demands and to serve unserved areas of the State.
- Sec. 9. Public Health Nurses. (a) Vacancies in public health agencies 7 significantly impact the State's implementation of various health programs; therefore, 8 the State urges counties to keep salaries for public health nurses competitive with the salary levels of other nurses.
  - (b) The State recommends that the North Carolina Hospital Association and the North Carolina Health Care Facilities Association study annuities or other retirement planning options which might be offered jointly to nurses and other allied health workers.
  - (c) The Office of State Personnel shall study the need for flexible fringe benefit options for the State's nurse employees. The Office of State Personnel shall report its findings and recommendations to the Legislative Commission on Nursing by March 1, 1990.
  - Sec. 10. Nursing Profession Salaries. (a) State institutions are encouraged to experiment with professional practice models for nursing.
- (b) The Office of State Personnel shall review State nursing clinical pay scales and report its findings to the General Assembly and the Legislative 22 Commission on Nursing by November 1, 1989...
- (c) The Office of State Personnel shall monitor nursing salaries over time 24 and report its findings to the Legislative Commission on Nursing and the Joint Legislative Commission on Governmental Operations. The State urges private sector employers of nurses to address the wage compression problem in nursing salaries.
- Sec. 11. Incentive Pay. The Area Health Education Centers shall 28 provide information and training to nurse employers regarding entrepreneurial approaches and other incentives which establish pay arrangements which are creative and give more dollars to those employees who produce more or who work more efficiently. These efforts may be incorporated into current efforts to stimulate professional practice models.
- Sec. 12. Productivity. The Area Health Education Centers of The 34 University of North Carolina shall develop programs for institutional managers and 35 directors to further educate them on nursing needs and roles. These programs shall

include training and consultation on methods to achieve the proper mix of nursing
 staff and support staff, on how computerization can effectively reduce paperwork and
 increase nursing care time in hospital settings, and on other productivity tools.
 Sec. 13. Continuing Education. The Legislative Commission on Nursing

Sec. 13. Continuing Education. The Legislative Commission on Nursing shall study the need, potential cost, and alternatives to changing the State's Medicaid program to reimburse hospitals, nursing homes, and home health agencies for tuition and education expenses for health care employees at amounts above the current Medicaid rates, with a maximum add-on per institution or per employee.

9 Sec. 14. Career advancement. The State encourages the integration of 10 career ladders with educational advancement and salary levels for nurses.

11 Sec. 15. Legislative Commission on Nursing. (a) There is established the 12 Legislative Commission on Nursing. The membership of the Commission shall be as 13 follows:

- (1) Four members of the Senate appointed by the President Pro Tempore of the Senate;
- (2) Four members of the House of Representatives appointed by the Speaker of the House of Representatives; and
- (3) Six members of the general public; three appointed by the President Pro Tempore of the Senate, and three appointed by the Speaker of the House of Representatives.
- 21 (b) The Speaker of the House of Representatives and the President Pro 22 Tempore of the Senate shall each appoint one member as cochairperson of the 23 Commission.
  - (c) Members of the Commission shall receive per diem and travel allowances in accordance with G.S. 120-3.1 for members who are legislators, and G.S. 138-5 for members who are not legislators.
    - (d) The Commission is charged with the following powers and duties:
      - (1) To study issues identified in and funded by this act;
      - (2) To monitor the progress of entities that receive funding under this act, and to receive reports required of entities that receive funding under this act;
      - (3) To make recommendations, including cost estimates, to the General Assembly aimed at impacting the nursing shortage;

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- (4)1 To monitor other issues which relate to the nursing shortage. 2 including the status of activities required by Sections 2, 3, 4, 5, and 3 6 of Chapter 1049 of the 1987 Session Laws.
- 4 (e) The Commission shall report its findings and recommendations to the 5
- General Assembly by April 1, 1991. 6 (f) The Commission may, with the approval of the Legislative Services Commission, meet in the State Legislative Building or the Legislative Office Building. The Legislative Commission on Nursing may use the staff of the General Assembly to the extent authorized by the Legislative Services Commission. Clerical assistance to the Legislative Commission on Nursing shall be furnished by the General Assembly. The Legislative Commission on Nursing may enter into contracts for staff and other services, if necessary, after obtaining authorization from the Legislative Services 13 Commission.
- Sec. 16. There is appropriated from the General Fund to the General Assembly the sum of seventy-five thousand dollars (\$75,000) for the 1989-90 fiscal 15 year to be used for the operations of the Legislative Commission on Nursing created by Section 15 of this act.
- 18 Sec. 17. Chapter 90 of the General Statutes is amended by adding a new 19 Article to read:

### "Article 9D.

"Need-Based Nursing Scholarships.

## "§ 90-171.65. Need-based nursing scholarships fund.

(a) There is created a need-based scholarship loan fund for nursing students. Need-23 based scholarship loans shall be available for study in nursing programs offered by community colleges and The University of North Carolina, and by private colleges 26 which offer licensed practical nursing or registered nursing programs. Part-time students and nontraditional students who have post-secondary degrees, and registered nurses pursuing a baccalaureate degree in nursing, are eligible to receive need-based nursing scholarship loans.

(b) Need-based nursing scholarship loan funds shall be administered by the State 30 Board of Community Colleges, the Board of Governors of The University of North 31 Carolina, and the State Educational Assistance Authority. The State Board of 32 Community Colleges and the Board of Governors of The University of North 33 34 Carolina shall allocate the scholarship loan funds among their respective constituent institutions which have programs of education leading to a degree in nursing.

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- Distribution shall be in a manner determined by the appropriate governing body. The State Education Assistance Authority shall distribute scholarship loan funds to private 3 nonprofit colleges which offer nursing degree programs. Distribution shall be in a manner determined by the Board of the State Education Assistance Authority after consultation with the North Carolina Association of Independent Colleges and Universities. (c) The State Education Assistance Authority shall carry out the following 7 functions in implementing the need-based nursing scholarship loan program: Promulgate the rules and regulations necessary to implement the 9 (1) scholarship program; 10 Disburse, collect, and monitor scholarship loan funds; 11 (2) Establish the terms and conditions of promissory notes executed by 12 (3)13 loan\_recipients; 14 (4)Approve service repayment agreements; and, (5)Collect cash repayments required when service repayment is not 15 16 completed. 17
- (d) Each institution to which scholarship loan funds are allocated shall publicize the availability of, shall disseminate, receive and review applications for, and shall 18 select the recipients of scholarship loans. Scholarship loans shall be made only to 19 prospective and enrolled nursing students under the terms and conditions established for the need-based nursing scholarship loan program by the State Education Assistance Authority."

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# GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 1989

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#### HOUSE DRH2043\*-LN066(2.6)

Short Title: Funds for Nursing Programs.		
Sponsors:	Representatives Nesbitt, Bowen, Jack Hunt, and Woodard.	
Referred to:		

## A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR NURSING EDUCATION AND 3 TRAINING PROGRAMS.

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The General Assembly of North Carolina enacts:

5 Section 1. Recruitment. (a) There is appropriated from the General 6 Fund to the Board of Governors of The University of North Carolina the sum of one 7 hundred thousand dollars (\$100,000) for the 1989-90 fiscal year, and the sum of one 8 hundred thousand dollars (\$100,000) for the 1990-91 fiscal year, for the Area Health 9 Education Centers for use in developing more varied clinical training sites for nursing students. These funds shall be allocated among the schools of nursing within the 11 community colleges and the constituent institutions of The University of North 12 Carolina.

13 (b) There is appropriated from the General Fund to the Board of Governors of The University of North Carolina the sum of fifty thousand dollars (\$50,000) for the 1989-90 fiscal year, and the sum of fifty thousand dollars (\$50,000) for the 1990-91 fiscal year, for the Area Health Education Centers to provide

information and training programs which help retain new nursing graduates for

employers of nurses. 18

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19 There is appropriated from the General Fund to the Board of 20 Governors of The University of North Carolina the sum of seventy-five thousand

dollars (\$75,000) for the 1989-90 fiscal year, and the sum of seventy-five thousand 2 dollars (\$75,000) for the 1990-91 fiscal year, to provide materials and training about 3 health careers for middle-school career exploration teachers.

- (d) There is appropriated from the General Fund to the Department of 4 5 Community Colleges the sum of three million dollars (\$3,000,000) for the 1989-90 fiscal year, and the sum of three million dollars (\$3,000,000) for the 1990-91 fiscal year, to be used as supplemental funding for nursing education programs. institutions receiving this funding shall continue to fund their nursing programs from their regular curriculum per student funding at a level equal to or above the level provided during the 1988-89 fiscal year. Any increases in regular curriculum per student funding shall also provide proportional increases in nursing programs. These directives are given to guarantee that the supplemental funds provide additional resources for nursing programs.
- (e) There is appropriated from the General Fund to the North Carolina 15 Foundation for Nursing, Inc., the sum of one hundred thousand dollars (\$100.000) for the 1989-90 fiscal year, and the sum of one hundred thousand dollars (\$100,000) for the 1990-91 fiscal year, to be used for covering the costs of promoting nursing as a profession. These funds may not become a part of the continuation budget.
- There is appropriated from the General Fund to the Board of 19 Governors of The University of North Carolina, the sum of seventy-five thousand 20 dollars (\$75,000) for the 1989-90 fiscal year, to be used for awarding competitive 21 grants to the schools of nursing of The University of North Carolina and of the community colleges for innovative efforts to recruit various groups of students into the nursing schools. The Board of Governors shall create an advisory group 24 composed of the Deans of the schools of nursing from The University of North 25 Carolina and the community college system, selected administrators and officers of 26 The University of North Carolina and the community college system, and 27 representatives of the nursing profession. The advisory group shall set criteria for 28 grant awards and shall make recommendations for the selection of grant recipients 29 based on grant applications received. Each grant recipient shall submit an evaluation 30 of its efforts to the Legislative Commission on Nursing, the Board of Governors of 31 The University of North Carolina, and the Department of Community Colleges. 32
- (g) There is appropriated from the General Fund to The University of 33 34 North Carolina Board of Governors, the sum of one hundred twenty-five thousand dollars (\$125,000) for the 1989-90 fiscal year, and the sum of one hundred twenty-five

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1 thousand dollars (\$125,000) for the 1990-91 fiscal year, to be used to continue and to 2 expand its pilot efforts in nursing recruitment.

- (h) There is appropriated from the General Fund to the Board of Governors of The University of North Carolina the sum of seventy-five thousand dollars (\$75,000) for the 1989-90 fiscal year, and the sum of seventy-five thousand dollars (\$75,000) for the 1990-91 fiscal year, for the Area Health Education Centers Program for the purpose of increasing the availability of refresher courses for nurses. The Area Health Education Centers Program may use the funds as incentives to nursing schools which provide courses to nurses who are subsequently relicensed by the North Carolina Board of Nursing or who reenter the practice of nursing.
- 11 Sec. 2. Retention. (a) There is appropriated from the General Fund to 12 the Board of Governors of The University of North Carolina the sum of seventy-five thousand dollars (\$75,000) for the 1989-90 fiscal year, and the sum of seventy-five thousand dollars (\$75,000) for the 1990-91 fiscal year, to be used for the awarding of 15 competitive grants to employers of nurses for developing innovative pilot efforts to retain nurses in patient care. The Board of Governors shall create an advisory group 17 composed of representatives of the following: the North Carolina Hospital 18 Association, the North Carolina Health Care Facilities Association, the North 19 Carolina Association for Home Care, private industry, and the nursing profession. 20 The advisory group shall set criteria for the solicitation of grant proposals and for the award of grant funds, and shall make recommendations for the selection of grant recipients based on grant applications received. All grants shall require that an evaluation of each grant recipient's efforts be conducted and submitted to the Legislative Commission on Nursing within three years of receipt of grant funds, and 24 25 that the results of the evaluation be made available for publication. Funds which are unspent at the end of the fiscal year may not revert to the General Fund but shall 27 remain available for the purposes stated herein.
- (b) There is appropriated from the General Fund to the Board of Governors of The University of North Carolina the sum of two hundred twenty-five thousand dollars (\$225,000) for the 1989-90 fiscal year, and the sum of three hundred thirty-five thousand dollars (\$335,000) for the 1990-91 fiscal year, to be used to continue and to expand pilot efforts to retain nurses in the nursing profession.
- 33 (c) There is appropriated from the General Fund to the Legislative 34 Commission on Nursing the sum of seventy-five thousand dollars (\$75,000) for the 35 1989-90 fiscal year, to be used to plan for a Center for Excellence in Nursing. The

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- Legislative Commission on Nursing may contract with other groups for this planning In contracting with other groups for the planning effort, the Legislative 3 Commission on Nursing shall comply with the provisions of G.S. 120-32.02.
- There is appropriated from the General Fund to the Board of 4 Governors of The University of North Carolina the sum of one hundred thousand dollars (\$100,000) for the 1989-90 fiscal year, for the Area Health Education Centers Program to conduct two pilot institute programs for nurses involved in direct patient 8 care. The Director of the Area Health Education Centers Program shall provide an evaluation of the pilot institutes to the Legislative Commission on Nursing not later than May 1, 1990. The evaluation shall include the institutes' effect on retaining 10 11 nurses in the nursing profession.
- Sec. 3. Education. (a) There is appropriated from the General Fund to the Board of Governors of The University of North Carolina the sum of two hundred 13 forty thousand dollars (\$240,000) for the 1989-90 fiscal year, and the sum of four 14 hundred thousand dollars (\$400.000) for the 1990-91 fiscal year, for the Area Health Education Centers Program to use for targeting recruitment efforts for nursing schools, for improvement of on-campus nursing programs for working registered nurses, and for the expansion of off-campus nursing degree programs. The Area Health Education Centers Program shall report on the use of these funds to the 20 General Assembly and the Legislative Commission on Nursing not later than March 1, 1990.
- There is appropriated from the General Fund to the Board of 22 Governors of The University of North Carolina the sum of two hundred fifty 23 thousand dollars (\$250,000) for the 1989-90 fiscal year, and the sum of two hundred 24 25 fifty thousand dollars (\$250,000) for the 1990-91 fiscal year, to be used for funding need-based scholarship loans for nursing students. Of the funds appropriated to the Board of Governors, twenty thousand dollars (\$20,000) shall be allocated for each 27 28 fiscal year to the State Education Assistance Authority for allocation to private colleges in North Carolina which have nursing programs. These funds shall be 29 administered in accordance with Article 9C of Chapter 90 of the General Statutes. 30
- (c) There is appropriated from the General Fund to the State Board of 31 Community Colleges the sum of seven hundred fifty thousand dollars (\$750,000) for 32 the 1989-90 fiscal year, and the sum of seven hundred fifty thousand dollars (\$750,000) for the 1990-91 fiscal year, to be used for funding need-based scholarship

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1 loans for nursing students. These funds shall be administered in accordance with the provisions of Article 9C of Chapter 90 of the General Statutes.

3 Sec. 4. Salary. (a) There is appropriated from the General Fund to the 4 Board of Governors of The University of North Carolina the sum of fifty thousand 5 dollars (\$50,000) for the 1989-90 fiscal year, and the sum of fifty thousand dollars 6 (\$50,000) for the 1990-91 fiscal year, to be used for fun lirg lemonstration grants for 7 employers of nurses. The demonstration grants shall be competitive and shall be 8 designed to experiment with salary programs for nurses within professional practice 9 models. These funds may not be used to pay nursing salaries. The Board of 10 Governors shall create an advisory group composed of representatives of the following: the North Carolina Hospital Association, the North Carolina Health Care 12 Facilities Association, the North Carolina Association for Home Care, private industry, and the nursing profession. The advisory group shall set criteria for grant awards, and shall make recommendations for the selection of grant recipients based 15 on grant applications received. Grant criteria shall include the requirement that there 16 be an evaluation and reporting of the results of the grant project to the Legislative Commission on Nursing, the Board of Governors of The University of North 17 18 Carolina, the North Carolina Hospital Association, and the North Carolina Health Care Facilities Association. 19

20 (b) There is appropriated from the General Fund to the Board of 21 Governors of The University of North Carolina the sum of thirty thousand dollars 22 (\$30,000) for the 1989-90 fiscal year, and the sum of thirty thousand dollars (\$30,000) for the 1990-91 fiscal year, to be used to fund demonstration grants for employers of nurses. The grants shall be competitive and shall be designed to stimulate innovative 24 25 approaches to providing child care and flexible fringe benefit plans for nurses. These 26 funds may not be used to pay nursing salaries. The Board of Governors shall create 27 an advisory group composed of representatives of the following: the North Carolina Hospital Association, the North Carolina Health Care Facilities Association, the 29 North Carolina Association for Home Care, private industry, and the nursing 30 profession. The advisory group shall set criteria for the award of grants and shall make recommendations for the selection of grant recipients based on grant applications received. Grant criteria shall include the requirement that there be an evaluation and reporting of the results of the grant project to the Legislative Commission on Nursing, the Board of Governors of The University of North

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1 Carolina, the North Carolina Hospital Association, and the North Carolina Health2 Care Facilities Association.

- There is appropriated from the General Fund to the Board of 3 (c) 4 Governors of The University of North Carolina the sum of one hundred thousand 5 dollars (\$100,000) for the 1989-90 fiscal year, to be used to provide competitive 6 demonstration grants to health care facilities for the improvement of nursing support services and productivity efforts, which may include computerization efforts. The 8 Board of Governors shall create an advisory group, the membership of which shall 9 include representatives of the following: the North Carolina Hospital Association, the 10 North Carolina Health Facilities Association, the North Carolina Association for 11 Home Care, private industry, and the nursing profession. The advisory group shall set 12 criteria for the award of grants, including the potential for the proposed project's replication at other facilities, and shall make recommendations for the selection of grant recipients based on grant applications received. Awards criteria shall include the requirement that an evaluation report on the results of the project be conducted 15 and submitted to the Legislative Commission on Nursing, the Board of Governors of 16 The University of North Carolina, and other entities designated by the Board of Governors. Funds which are unspent at the end of each fiscal year may not revert to 19 the General Fund but shall remain available for the purposes designated herein.
- 20 There is appropriated from the General Fund to the Board of 21 Governors of The University of North Carolina the sum of fifty thousand dollars 22 (\$50,000) for the 1989-90 fiscal year to be used for incentive planning grants for the 23 development of integrated pay, career advancement, and education plans for nurses. The Board of Governors shall create an advisory group composed of representatives of the following: the North Carolina Hospital Association, the North Carolina Health Care Facilities Association, the North Carolina Association for Home Care, private 26 industry, and the nursing profession. The advisory group shall set criteria for grant 27 awards and shall make recommendations for the selection of grant recipients based 28 on grant applications received. Grant awards shall be designed to stimulate plans 29 which are applicable to various types and sizes of health care institutions, and shall 30 require that evaluations of the project be conducted and reported to the Legislative 31 32 Commission on Nursing and other entities designated by the Board of Governors.

Sec. 5. This act shall become effective July 1, 1989.

# GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 1989

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HOUSE DRH9040\*-LN064(2.6) Short Title: Nursing Scholars Program. (Public) Representatives Nesbitt, Bowen, Jack Hunt, and Woodard. Sponsors: Referred to: A BILL TO BE ENTITLED AN ACT TO ESTABLISH THE NORTH CAROLINA NURSING SCHOLARS **SCHOLARS** PROGRAM AND THE NORTH CAROLINA NURSING COMMISSION. The General Assembly of North Carolina enacts: Section 1. Chapter 90 of the General Statutes is amended by adding a 7 new Article to read: "Article 9C. "Nursing Scholars Program, "§ 90-171.60. North Carolina Nursing Scholars Commission established; membership. (a) There is established the North Carolina Nursing Scholars Commission. The Commission shall exercise its powers and duties independently of the Board of Governors of The University of North Carolina and the State Board of Community Colleges. Staff assistance to the Commission shall be provided by the staff of the State Education Assistance Authority (SEAA) as created in G.S. 116-203. 15 (b) The Commission shall consist of 11 members as follows: The chairperson of the State Board of Nursing, or his designee; (1)The chairperson of the Board of the State Education Assistance (2) Authority; Three persons appointed by the Governor; (3)

- 1 (4) Three persons appointed by the General Assembly on the
  2 recommendation of the President Pro Tempore of the Senate in
  3 accordance with G.S. 120-121; and
- Three persons appointed by the General Assembly on the recommendation of the Speaker of the House of Representatives in accordance w th G S. 120-121.
- 7 (c) Each of the appointing entities shall seek to achieve a balanced membership
  8 representing, to the maximum extent possible, the State as a whole. Commission
  9 members shall be chosen from among individuals who have demonstrated a
  10 commitment to nursing, health care, or education.
- 11 (d) Commission members shall be appointed for four-year terms. The terms of initial appointees shall expire July 1, 1993.
- (e) In the event a vacancy occurs for any reason, the vacancy shall be filled by appointment by the entity that made the appointment, except that vacancies in appointments made by the General Assembly shall be filled in accordance with G.S. 120-122. The new appointee shall serve for the remainder of the unexpired term.
- 17 (f) The chairperson of the Commission shall be selected annually by the 18 Commission from its members.
- 19 (g) Members of the Commission shall receive per diem and necessary travel and 20 subsistence expenses in accordance with Chapter 138 of the General Statutes.
- 21 (h) The Commission shall meet regularly at times and places deemed necessary by 22 the chairperson.

## 23 "§ 90-171.61. Nursing scholars program established; administration.

- 24 (a) There is established the Nursing Scholars Progam. The North Carolina
  25 Nursing Scholars Commission shall determine selection criteria, methods of selection,
  26 and shall select recipients of scholarship loans made under the Nursing Scholars
  27 Program.
  - (b) The Nursing Scholars Program shall be used to provide the following:
    - (1) A four-year scholarship loan in the amount of five thousand dollars (\$5,000) per year, per recipient, to North Carolina high school seniors or other persons interested in preparing to become a registered nurse through a baccalaureate degree program.
- 33 (2) A two-year scholarship loan in the amount of three thousand 34 dollars (\$3,000) per year, per recipient, to persons interested in

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- preparing to be a registered nurse through an associate degree nursing program or a diploma nursing program.
  - (3) A two-year scholarship loan in the amount of three thousand dollars (\$3,000) per year, per recipient, for two years of baccalaureate nursing study for college juniors or community cellege graduates interested in preparing to be a registered nurse.
  - (4) A two-year scholarship loan of two thousand five hundred dollars (\$2,500) per year, per recipient, for two years of baccalaureate study in nursing for registered nurses who do not hold a baccalaureate degree in nursing.
  - (c) The Commission shall adopt stringent standards, which may include minimum grade point average, scholastic aptitude test scores, and other standards deemed appropriate by the Commission, to ensure that only the best potential students receive loans under the Nursing Scholars Program. Standards adopted by the Commission shall include provisions for ensuring that the qualifications of applicants who are or would be nontraditional students are considered fairly in providing them with opportunities to compete for the loans. Loans under the Nursing Scholars Program shall be awarded only to applicants who meet the standards set by the Commission and who agree to practice nursing in North Carolina upon completion of the nursing education program supported by the loan.
  - (d) The Commission shall develop and administer the Nursing Scholars Program in cooperation with nursing schools at institutions approved by the Commission and the North Carolina Board of Nursing. The Nursing Scholars Program shall provide for participants to be exposed to a range of extracurricular activities while in school, which activities shall be aimed at instilling in students a strong motivation to remain in the practice of nursing and to provide leadership for the nursing profession.
  - (e) The Commission may form regional review committees to assist it in identifying the best high school seniors and other applicants for the program. The Commission and the review committees shall make an effort to identify and encourage minority students and students who may not otherwise consider a career in nursing to apply for the Nursing Scholars Program.
  - (f) Upon the naming of recipients of loans from the Nursing Scholars Program, the Commission shall inform the State Education Assistance Authority (SEAA) of its decisions. The SEAA shall perform all of the administrative functions necessary to implement this Article, which functions shall include: rule-making, dissemination of

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- information to the public, distribution and receipt of applications for scholarship
- loans, and the functions necessary for the execution, payment, and enforcement of
- promissory notes required under this Article.
- "§ 90-171.62. Terms of loans; receipt and disbursement of funds.
- (a) All scholarship loans shall be evidenced by notes made payable to the State 5
- Education Assistance Authority that bear interest at the rate of ten percent (10%) per
- year beginning 90 days after completion of the nursing education program, or 90 days
- after termination of the scholarship loan, whichever is earlier. The scholarship loan
- may be terminated upon the recipient's withdrawal from school or by the recipient's
- failure to meet the standards set by the Commission. 10
- (b) The State Education Assistance Authority shall forgive the loan if, within 11
- 12 seven years after graduation from a nursing education program, the recipient
- 13 practices nursing in North Carolina for one year for every year a scholarship loan was
- 14 provided. If the recipient repays the scholarship loan by cash payments, all
- indebtedness shall be repaid within ten years. 15
- (c) All funds appropriated to or otherwise received by the Nursing Scholars 16 Program for scholarships, all funds received as repayment of scholarship loans, and 17
- all interest earned on these funds, shall be placed in a revolving fund. This revolving
- fund may be used only for scholarship loans granted under the Nursing Scholars 19
- Program." 20
- 21 Sec. 2. There is appropriated from the General Fund to the Board of
- Governors of The University of North Carolina the sum of one hundred thousand 22
- dollars (\$100,000) for the 1989-90 fiscal year, and the sum of one hundred thousand
- 24 dollars (\$100,000) for the 1990-91 fiscal year, to be used to enable the State
- 25 Education Assistance Authority to provide staff and administrative support in
- 26 carrying out the provisions of this act.
- 27 Sec. 3. This act shall become effective July 1, 1989.

# GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 1989

Н D HOUSE DRH4039\*-LF103(1.31) Short Title: Health Care Licensing. (Public) Representative Nesbitt. Sponsors: Referred to: A BILL TO BE ENTITLED 2 AN ACT TO CREATE THE NURSING POOL AND THE HOME CARE AGENCY LICENSURE ACTS. 4 The General Assembly of North Carolina enacts: Section 1. Chapter 131E of the General Statutes is amended by adding 6 the following new Parts to read: "Part E. Nursing Pool Licensure Act. "§ 131E-154.1. Title; purpose. (a) This Part shall be known as 'Nursing Pool Licensure Act'. (b) The purpose of this Part is to establish licensing requirements for nursing pools. "§ 131E-154.2. Definitions. As used in this Part, unless the context clearly implies otherwise: 'Commission' means the North Carolina Medical Care (1)Commission. 'Department' means the Department of Human Resources. (2) 'Health Care Facility' means a hospital, psychiatric facility; (3) rehabilitation facility; long term care facility; home health agency; intermediate care facility for the mentally retarded; chemical dependency treatment facility; and ambulatory surgical facility.

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1 (4) 'Nursing pool' means any person, firm, corporation, partnership, or
2 association engaged for hire in the business of providing or
3 procuring temporary employment in health care facilities for
4 nursing personnel, including nurses, nursing assistants, nurses aides,
5 and orderlies. 'Nursing pool' does not include an individual who
6 engages solely in providing his own services on a temporary basis
7 to health care facilities.

#### "§ 131E-154.3. Licensing.

- (a) No person shall operate or represent himself to the public as operating a nursing pool without obtaining a license from the Department.
- (b) The Department shall provide applications for nursing pool licensure. Each application filed with the Department shall contain all information requested. A license shall be granted to the applicant upon a determination by the Department that the applicant has complied with the provisions of this Part and with the rules adopted by the Commission. Each license shall be issued only for the premises and persons named, shall not be transferrable or assignable except with the written approval of the Department, and shall be posted in a conspicuous place on the licensed premises.
  - (c) The Department shall renew the license in accordance with this Part and with rules adopted pursuant to it.

#### "§ 131E-154.4. Rules and Enforcement.

- (a) The Commission shall adopt, amend, and repeal all rules necessary for the implementation of this Part. These rules shall include the following requirements:
  - (1) The nursing pool shall document that each employee who provides care meets the minimum licensing, training, and continuing education standards for the position in which the employee will be working;
  - (2) The nursing pool shall comply with all other pertinent regulations relating to the health and other qualifications of personnel;
  - (3) The nursing pool shall carry general and professional liability insurance to insure against the loss, damage, or expense incident to a claim arising out of the death or injury of any person as the result of negligence or malpractice in the provision of health care services by the nursing pool or its employees;

- (4) The nursing pool shall have written administrative and personnel policies to govern the services that it provides. These policies shall include those concerning patient care, personnel, training and orientation, supervision, employee evaluation, and organizational structure; and
  - (5) Any other aspects of nursing pool services that may need to be regulated to protect the public.
- (b) The Commission shall adopt no rules pertaining to the regulation of charges by the nursing pool or to wages paid by the nursing pool.

#### "§ 131E-154.5. Inspections.

The Department shall inspect all nursing pools that are subject to rules adopted pursuant to this Part in order to determine compliance with the provisions of this Part and with rules adopted pursuant to it. Inspections shall be conducted in accordance with rules adopted by the Commission.

#### "§ 131E-154.6. Adverse action on a license; appeal procedures.

- (a) The Department may suspend, revoke, annul, withdraw, recall, cancel, or amend a license when there has been a substantial failure to comply with the provisions of this Part or with the rules adopted pursuant to it.
- (b) The provisions of Chapter 150B of the General Statutes, the Administrative Procedure Act, shall govern all administrative action and judicial review in cases in which the Department has taken the action described in subsection (a) of this section.

## "§ 131E-154.7. Injunction.

- (a) Notwithstanding the existence or pursuit of any other remedy, the Department may maintain an action in the name of the State for injunctive relief or other process against any person to restrain or prevent the establishment, conduct, management, or operation of a nursing pool without a license or to restrain or prevent substantial noncompliance with this Part or the rules adopted pursuant to it.
- (b) If any person hinders the proper performance of duty of the Department in carrying out the provisions of this Part, the Department may institute an action in the superior court of the county in which the hindrance occurred for injunctive relief against the continued hindrance.

## 32 "§ 131E-154.8. Confidentiality.

(a) Notwithstanding G.S. 8-53 or any other law pertaining to confidentiality of communications between physician and patient, in the course of an inspection conducted pursuant to G.S. 131E-154.5:

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- 1 Department representatives may review any writing or other record
  2 concerning the admission, discharge, medication, treatment,
  3 medical condition, or history of any person who is or has been a
  4 nursing pool patient; and
  - (2) Any person involved in treating a patient at or through a nursing pool may disclose information to a Department representative unless the patient objects in writing to review of his records or disclosure of the information. A nursing pool shall not release any information or allow any inspections under this section without first informing each affected patient in writing of his right to object to and thus prohibit release of information or review of records pertaining to him.

A nursing pool, its employees, and any other person interviewed in the course of an inspection shall be immune from liability for damages resulting from disclosure of the information to the Department.

#### (b) The Department shall not disclose:

- (1) Any confidential or privileged information obtained under this section unless the patient or his legal representative authorizes disclosure in writing or unless a court of competent jurisdiction orders disclosure; or
- (2) The name of anyone who has furnished information concerning a nursing pool without that person's consent.

The Department shall institute appropriate policies and procedures to ensure that unauthorized disclosure does not occur. Any Department employee who willfully discloses this information without appropriate authorization or court order shall be guilty of a misdemeanor and, upon conviction, fined at the discretion of the court but not in excess of five hundred dollars (\$500.00).

(c) All confidential or privileged information obtained under this section and the names of all persons providing this information are exempt from Chapter 132 of the General Statutes.

"Part F. Home Care Agency Licensure Act.

## 32 <u>"§ 131E-154.11. Title; purpose.</u>

- (a) This Part shall be know as 'Home Care Agency Licensure Act'.
- 34 (b) The purpose of this Part is to establish licensing requirements for home care 35 agencies.

#### "§ 131E-154.12. Definitions.

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As used in this Part, unless the context clearly implies otherwise:

- 'Commission' means the North Carolina Medical Care (1) Commission.
  - (2) 'Department' means the Department of Human Resources.
  - 'Home care agency' means any person, firm, corporation, (3) partnership, or association engaged in the business of arranging or providing directly or through contract arrangement one or more of the following services to persons at home: nursing services and nurses aides services. 'Home care agency' does not include home health agencies qualified to participate under the provisions of Titles XVIII and XIX of the federal Social Security Act, hospices licensed under G.S. 131E-200, or an individual who engages solely in providing his own services.
  - 'Nurses aides services' means nursing-related activities provided by (4)a paraprofessional under the supervision of a nurse to a patient with health care needs, including, but not limited to, services provided by personal care service aides, home health aides, private duty nursing assistants, and advanced level chore workers.

#### "§ 131E-154.13. Licensing.

- (a) No person shall operate or represent himself to the public as operating a home care agency without obtaining a license from the Department.
- (b) The Department shall provide applications for home care agency licensure. 24 Each application filed with the Department shall contain all information requested. A license shall be granted to the applicant upon a determination by the Department that the applicant has complied with the provisions of this Part and with the rules adopted by the Commission. Each license shall be issued only for the premises and persons named, shall not be transferrable or assignable except with the written approval of the Department, and shall be posted in a conspicuous place on the licensed premises.
- 31 (c) The Department shall renew the license in accordance with this Part and with 32 rules adopted pursuant to it.
- 33 "§ 131E-154.14. Rules and Enforcement.
- 34 (a) The Commission shall adopt, amend, and repeal all rules necessary for the implementation of this Part. These rules shall include the following requirements: 35

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- (1)The home care agency shall document that each employee who provides care meets the minimum licensing, training, and continuing education standards for the position in which the 3 employee will be working; 4
  - The home care agency shall comply with all other pertinent (2)regulations relating to the health and other qualifications of personnel;
    - (3)A home care agency shall maintain clinical records on all patients, including a plan of treatment prescribed by the patient's physician;
    - The home care agency shall have written administrative and (4)personnel policies to govern the services that it provides. These policies shall include those concerning patient care, personnel, training and orientation, supervision, employee evaluation, and organizational structure; and
  - Any other aspects of home care agency services that may need to (5)be regulated to protect the public.

17 (b) The Commission shall adopt no rules pertaining to the regulation of charges by the home care agency or to wages paid by the home care agency. 18

#### "§ 131E-154.15. Inspections.

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The Department shall inspect all home care agencies that are subject to rules adopted pursuant to this Part in order to determine compliance with the provisions of this Part and with rules adopted pursuant to it. Inspections shall be conducted in accordance with rules adopted by the Commission.

## "§ 131E-154.16. Adverse action on a license; appeal procedures.

- 25 (a) The Department may suspend, revoke, annul, withdraw, recall, cancel, or amend a license when there has been a substantial failure to comply with the 26 provisions of this Part or with the rules adopted pursuant to it.
- (b) The provisions of Chapter 150B of the General Statutes, the Administrative 28 29 Procedure Act, shall govern all administrative action and judicial review in cases in 36 which the Department has taken the action described in subsection (a) of this section.

#### "§ 131E-154.17. Injunction. 31

(a) Notwithstanding the existence or pursuit of any other remedy, the Department may maintain an action in the name of the State for injunctive relief or other process against any person to restrain or prevent the establishment, conduct, management, or

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operation of a home care agency without a license or to restrain or prevent substantial noncompliance with this Part or the rules adopted pursuant to it.

(b) If any person hinders the proper performance of duty of the Department in carrying out the provisions of this Part, the Department may institute an action in the superior court of the county in which the hindrance occurred for injunctive relief against the continued hindrance.

#### "§ 131E-154.18. Confidentiality.

- (a) Notwithstanding G.S. 8-53 or any other law pertaining to confidentiality of communications between physician and patient, in the course of an inspection conducted pursuant to G.S. 131E-154.5:
  - (1) Department representatives may review any writing or other record concerning the admission, discharge, medication, treatment, medical condition, or history of any person who is or has been a home care agency patient; and
  - Any person involved in treating a patient at or through a home (2)care agency may disclose information to a Department representative unless the patient objects in writing to review of his records or disclosure of the information. A home care agency shall not release any information or allow any inspections under this section without first informing each affected patient in writing of his right to object to and thus prohibit release of information or review of records pertaining to him.

A home care agency, its employees, and any other person interviewed in the course of an inspection shall be immune from liability for damages resulting from disclosure of the information to the Department.

## (b) The Department shall not disclose:

- Any confidential or privileged information obtained under this (1)section unless the patient or his legal representative authorizes disclosure in writing or unless a court of competent jurisdiction orders disclosure; or
- (2)The name of anyone who has furnished information concerning a home care agency without that person's consent.

The Department shall institute appropriate policies and procedures to ensure that unauthorized disclosure does not occur. Any Department employee who willfully discloses this information without appropriate authorization or court order shall be

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- 1 guilty of a misdemeanor and, upon conviction, fined at the discretion of the court but
- 2 not in excess of five hundred dollars (\$500.00).
- 3 (c) All confidential or privileged information obtained under this section and the
- 4 names of all persons providing this information are exempt from Chapter 132 of the
- 5 General Statutes."
- 6 Sec. 2. This act shall become effective October 1, 1989.

# GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 1989

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#### HOUSE DRH4045\*-LFX104B(1.31)

Short Title: Nurses Aides Registry. (Public) Sponsors: Representatives Nesbitt, Jack Hunt, Bowen, and Woodard. Referred to: A BILL TO BE ENTITLED AN ACT TO AUTHORIZE THE BOARD OF NURSING TO ESTABLISH A NURSES AIDES REGISTRY. The General Assembly of North Carolina enacts: Section 1. Chapter 90 of the General Statutes is amended by adding a 6 new Article to read: "Article 9C. "Nurses Aides Registry Act. "§ 90-171.55. Nurses Aides Registry. The Board of Nursing, established pursuant to G.S. 90-171.21, shall establish a Nurses Aides Registry for persons functioning as nurses aides regardless of title. The Board shall consider those Level I nurses aides employed in State licensed or Medicare Medicaid certified nursing facilities who meet applicable State and federal registry requirements as adopted by the North Carolina Medical Care Commission as having fulfilled the training and registry requirements of the Board, except for the fee requirements prescribed by this subdivision. The Board may charge a fee of five dollars (\$5.00) for each registry applicant. The Board shall adopt rules to ensure that whenever possible, the fee is collected through the employer or prospective employer 18

of the registry applicant. Fees collected may be used by the Board in administering

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1 the registry. The Board's authority granted by this Article shall not conflict with the

2 authority of the Medical Care Commission."

3 Sec. 2. This act shall become effective July 1, 1989.

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